

ATTACHMENT B

STATEMENT OF VERIFICATION OF POSTGRADUATE SUPERVISED HOURS

It is the applicant's responsibility to send this form to the appropriate supervisors.

Date: _____

To (Name of Supervisor): _____

In applying for licensure to practice Counseling/Therapy in the State of New Mexico, the Counseling and Therapy Practice Board requires verification of my number of postgraduate supervision hours. I therefore ask that you furnish the requested information and place it in a **sealed envelope, submit with application.**

Print Applicant's Name: _____

Supervisors Information:

_____	_____	_____	
First Name	M.I.	Last Name	

Address	City/State	Zip	

License Title _____	License No. _____	State _____ Issue Date _____	
Where the supervision/client contact took place: _____			
Beginning Date of Supervision (MM/DD/YYYY)	Ending Date of Supervision (MM/DD/YYYY)	Number of Face to Face Supervision Hours	Number of Direct Clinical Client Contact Hours

I declare under penalty of perjury under the laws of The State of New Mexico that the above information is true and correct. I further certify that this individual is competent to receive a license in the area in which supervision was given.

Supervisor's Signature: _____ Date: _____

AFFIDAVIT AND NOTARIZATION

The undersigned, being duly sworn, upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect. By executing this application, the undersigned also acknowledges that he/she has received the above supervision. **I certify that all of the statements made in this application (B) are true, complete, and correct to the best of my knowledge and my belief and are made in good faith.**

Supervisors Signature _____ Date _____

STATE OF _____

COUNTY OF _____

BEFORE ME on this _____ day of _____, 20____, personally appeared the above-named applicant who, being by me duly sworn upon oath, states that all statements and answers contained in this application are true and correct.

Notary Public
My Commission Expires: _____