



**NMRLD**

NEW MEXICO  
REGULATION &  
LICENSING DEPARTMENT

## Practicum Supervisor Experience Documentation Form

The Board of Psychologist Examiners has received an application for licensure from the applicant named below.  
(To be filled out by Applicant and forwarded on to the supervisor.)

### I. APPLICANT INFORMATION

<b>Applicant Name:</b>		
<b>Title/Position:</b>	<b>Date Began:</b>	<b>Date Ended:</b>
<b>Duties:</b>		
<b>Agency:</b>		
<b>Address:</b>		
<b>Telephone No.</b>		

**Your name has been submitted by the application as a person who has supervised their practicum. We would appreciate you providing the Board with the information requested and return this form directly to the Board office at the above address.**

### II. PRIMARY SUPERVISOR INFORMATION (Please start here)

<b>Supervisory Name:</b>		
<b>Email Address:</b>		
<b>Address:</b>		
<b>Telephone No.</b>		
<b>Degree:</b>	<b>Year Conferred:</b>	<b>Specialty:</b>
<b>Licensed?</b>		
<b>List all States/Provinces/Territories where you are licensed:</b>		
<b>Activities you supervised for the applicant:</b>		



### III. PRACTICUM SUPERVISION HOURS

<b>Total # of practicum hours(excluding all leave):</b>
<b>Total # of face-to-face patient/client contact hours:</b>
<b>Total # hours of individual supervision by a licensed psychologist:</b>
<b>Total # hours of group supervision by a licensed psychologist:</b>

### IV. PRACTICUM INFORMATION

<b>Practicum Course Title &amp; Course Number:</b>	
<b>Title/Position of Student:</b>	<b>Term &amp; Year (i.e., Spring, 2010):</b>
<b>Practicum From Date:</b>	<b>Practicum To Date:</b>
<b>Total Number of Weeks of Practicum:</b>	<b>Average Hours Per Week of Practicum:</b>
<b>A. Total Number of Hours of Practicum:</b>	
<b>B. Total Number of Hours of Practicum in Service-Related Activities<sup>1</sup>:</b> <b>Description of Duties/Responsibilities:</b>	
<b>C. Total Number of Hours of Individual Supervision by a licensed psychologist:</b>	
<b>D. Total Number of Hours of Group Supervision by a Licensed Psychologist:</b>	
<b>E. Total Number of Hours of Individual Supervision by a Non-licensed Psychologist or Other Mental Health Professional:</b>	
<b>F. Total Number of Hours of Group Supervision by a Non-licensed Psychologist or Other Mental Health Professional:</b>	
<b>G. Total Number of Hours of Supervision (C+D+E+F):</b>	
<b>H. Total Number of Hours of Supervision by a Licensed Psychologist (individual and group) (C+D):</b>	
<b>I. Total Number of Hours of Supervision by a Non-licensed Psychologist or Other Mental Health Professional (individual and group) (E+F):</b>	
<b>J. Percentage of Total Supervision by Licensed Psychologist (H/G*100): %</b>	
<b>K. Percentage of Total Supervision Provided by a Non-Licensed Psychologist or Other Mental Health Professional (I/G*100): %</b>	
<b>K. Percentage of Total Supervision Provided by a Non-Licensed Psychologist or Other Mental Health Professional (I/G*100): %</b>	

<sup>1</sup> Service Related Activities are defined as treatment/intervention, assessment, interviews, report-writing, case presentations, and consultations.

I declare that all the information on this form to be true and correct.

\_\_\_\_\_  
Printed Name of Graduate Training Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please e-mail directly to the Board Office upon completion to: [Psychologist.Examiners@state.nm.us](mailto:Psychologist.Examiners@state.nm.us)

