



NMRLD

NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

Program Practicum Verification 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

Applicant Name:		
Title/Position:	Date Supervision Began:	Date Supervision Ended:
Description of Your Duties and Responsibilities:		
Name of Organization/Institution Where Practicum Training was Completed:		

<p>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.</p>

II. TRAINING DIRECTOR INFORMATION (Please start here.)

Training Director's Name:		
Email Address:		
Address:		
Telephone No.		
Degree:	Year Conferred:	Specialty:
Were you licensed as a doctoral level psychologist during the period of supervision?		
List all States/Provinces/Territories Where You are Licensed:		
Briefly Describe Activities You Supervised for This Applicant:		



III. PRACTICUM EXPERIENCE INFORMATION

(Please complete Section III for each Practicum completed by this applicant)

Name of Organization/Institution Where Practicum Training was Completed:		
A. Did this setting have, as part of its organizational mission, a goal of training professional psychologists?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Did this setting have a licensed/registered psychologist identified as the person responsible for maintaining the integrity and quality of the experience of the practicum student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Did the applicant's graduate training program provide oversight for this practicum experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Was the practicum experience based on appropriate academic preparation of the student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E. Was the practicum part of an organized, sequential series of supervised experiences of increasing complexity for the student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F. Was there a written training plan between the student, the practicum training site, and the graduate training program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G. Was the practicum training an extension of the applicant's academic coursework?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
H. Did the student successfully complete the practicum?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

