



**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH**

**VERIFICATION OF WORK EXPERIENCE**

**TO BE COMPLETED BY CANDIDATE**

Candidate's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name and address of organization where experience was completed: \_\_\_\_\_  
\_\_\_\_\_

Is this organization engaged in the delivery of mental health services? YES  NO

**TO BE COMPLETED BY SUPERVISOR**

**Supervisor**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_

Employment Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel. No.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Highest Degree Earned in Psychology: \_\_\_\_\_ Area Of Specialization: \_\_\_\_\_

State(s) in Which Licensed as a Psychologist

State	License Number	State	License Number

Did you have direct and continuing administrative control of, and responsibility for, the activities performed and services provided by the candidate? YES  NO

Do you have any non-supervisory relationship with the candidate (e.g., familial or business relationship)? YES  NO

How many pre-licensure psychology candidates, including this applicant, did you supervise concurrently during this applicant's experience? \_\_\_\_\_ (This number should reflect the individuals you supervised who have completed their doctoral degree, but have not yet received licensure.)

**OVER**

**DETAILS OF CANDIDATE'S SUPERVISED WORK EXPERIENCE:**

Beginning Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Hours Worked Per Week \_\_\_\_\_ Number of Weeks Worked Per Year \_\_\_\_\_

Number of hours per week of individual, direct, face-to-face supervision or consultation given to candidate by licensed, doctoral-level psychologists: \_\_\_\_\_

Total hours of supervision per 40 hours of work experience provided to candidate at this facility: \_\_\_\_\_

Candidate's area of specialization during the work experience \_\_\_\_\_

Please attach to this form your evaluations of the candidate concerning the following:

1. Description of candidate's duties/responsibilities; areas of practice.
2. Candidate's competence as a psychologist in his/her area of specialization.
3. Candidate's possession and utilization of professional knowledge and skill, which enable him/her to function independently in offering service to the public.
4. Adherence to ethical standards.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Work experience must consist of 46 weeks of full-time (at least 35 hours per week) within 12 consecutive months or 1800 hours of within 24 consecutive months. For each 40 hours of work experience, such supervision shall consist of 3 hours of which no less than 1 hour shall be direct, individual, face-to-face supervision. Work experience is credited as commencing no earlier than the date on which the candidate met all academic, practicum, thesis, and examination requirements for the doctoral degree.

Thank you for your assistance. This completed form must be returned by the supervisor directly to:

Department of Public Health  
Psychology Licensure  
410 Capitol Ave., MS# 12APP  
P.O. Box 340308  
Hartford, CT 06134-0308  
Fax: (860) 707-1980