



## APPLICATION FOR PRIVATE PRACTICE UNDER SUPERVISION

*Oklahoma State Board of Examiners of Psychologists*

Pursuant to Psychologists Licensing Act Title 59, OS 1991, Sections 1352.1, 1353, 1362 through 1368, and the Rules of the Board, Title 575, Chapter 10, Section 575:10-1-3, this agreement, together with the **\$200.00 fee**, is to be submitted to the Board for approval prior to beginning any clinical activities.

Approval for Private Practice Under Supervision shall be for a period of one calendar year dating from the date of approval of the application by the Board for PPUS or until date of licensure. Extension of this approval shall be considered only upon written request of the supervisee. The request for extension must be received prior to the end of the one-year period of previous approval. If an applicant fails any of the three portions of the licensing examination three times, approval for PPUS will automatically be revoked.

We, the undersigned, are applying to the Oklahoma State Board of Examiners of Psychologists for approval of \_\_\_\_\_ to enter the private practice of \_\_\_\_\_ commencing \_\_\_\_\_ (or date of approval, whichever is later) for one year, or up to the date of the Board meeting following the completed one year postdoctoral experience, for the purpose of *partially* \_\_\_\_ or *fully* \_\_\_\_ completing the second year of experience required for licensure. The Applicant, whose major program of study is \_\_\_\_\_, will be under the supervision of the Licensed Psychologist named above, whose major program of study is \_\_\_\_\_. The licensed Psychologist's private practice includes a minimum of \_\_\_\_\_ hours per week. The Applicant will pay the Supervising Psychologist at the rate of \_\_\_\_\_ per hour (if applicable) for at least 90 minutes of one-to-one supervision per week. It is anticipated that the Applicant will provide service in this practice for approximately \_\_\_\_\_ hours per week, and will be paid \_\_\_\_\_ per hour (if applicable) for those services. A complete list of services to be offered by the Applicant and to be supervised by the licensed Psychologist will include:

We mutually agree to the above, and will promptly notify the Board of any changes in, or termination of, this Agreement.

\_\_\_\_\_  
Printed or Typed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Typed Name of Psychologist

\_\_\_\_\_  
Signature of Psychologist

\_\_\_\_\_  
Date



## POSTDOCTORAL SUPERVISION AGREEMENT

*Oklahoma State Board of Examiners of Psychologists*

Upon the commencement of postdoctoral supervision, both the Psychologist and the Applicant should sign this form and return with the \$200.00 fee to the address below.

We have read and will abide by the Law and Rules of the Board under Title 59 O.S. 1981, Section 1352, 1353, 1361, 1364, 1370, 1371, 1372, 1373, and 1374 of the Psychologists Licensing Act; and Chapter 10, Title 575:10-1-2, and 575:10-1-3 of the Rules of the Board. We are aware that the Licensed Psychologist will be responsible for all the Applicant's activities and that the Applicant will be prohibited from using the term "Psychologist" or similar reference, and will not advertise services to the public. The Supervising Psychologist will confirm in writing to the Board his/her supervision at the conclusion of the supervised experience. Documentation will state the number of hours and length of time supervised, the approximate hours of supervision per week, a comprehensive list of supervised activities, and a recommendation concerning licensure. The supervising Psychologists shall have no more than three supervisees at one time.

Agreed upon this date:

\_\_\_\_\_  
Printed or Typed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*\*\*As the supervising Psychologist, I further understand that I may not have more than three supervisees at one time. Current number of supervisees: \_\_\_\_\_

\*\*\*As the supervising Psychologist, I have been licensed for two (2) years and in good standing with the Board: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Printed or Typed Name of Psychologist

\_\_\_\_\_  
Signature of Psychologist

\_\_\_\_\_  
Date

*Return this 2 page supervision agreement  
and \$200.00 fee for supervision to:*

Oklahoma State Board of Examiners of Psychologists  
421 NW 13th Street, Suite 180  
Oklahoma City, Oklahoma 73103  
Telephone: (405) 522-1333

Revised and approved: 11-15-2013