

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, 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.

Signature of Applicant Date

Signature of Psychologist Date

Return this form and the agreement form completed by the Applicant for licensure to:

Oklahoma State Board of Examiners of Psychologists
201 N.E. 38th Terrace, Suite 3
Oklahoma City, Oklahoma 73105
Telephone: (405) 524-9094
Fax: (405) 524-9427