



POST DOCTORAL SUPERVISION AGREEMENT FORM
(Exempt Setting)
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 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.

Name of Institution/Agency: _____

Agreed upon this date:

Printed or Typed Name of Applicant Signature of Applicant Date

Printed or Typed Name of Psychologist Signature of Psychologist Date

Return this form to:

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