



# Louisiana State Board of Examiners of Psychologists

4334 S. Sherwood Forest Boulevard • Suite C-150 • Baton Rouge, LA 70816

Voice (225)295-8410 • Website: ls bep.org

## INTERNSHIP SUPERVISION DOCUMENTATION

***(To be completed by Current Director of Internship Training)***

Name of Supervisee:

Area of Doctoral Training:

Name of setting:

Nature of Setting:

Dates of practice covered in this report: FROM:

TO:

Number of Months:

Total number of training hours completed during internship:

Number of client contact hours *per week*:

Number of one-to-one general/professional supervision hours *per week*:

Number of learning activities *per week* (e.g. case conference, clinical seminar, co-therapy w/ staff, group supervision, other supervision):

Supervisee's duties/responsibilities:

Assessment of supervisee's performance:

*Given your direct knowledge of this applicants training and experience, please identify the populations and services which you judge the applicant technically competent to engage independently:*

### POPULATIONS

Young Children(0-5yrs)

Children (6-12yrs)

Adolescents (13-17yrs)

Emerging and Young Adult (18-26)

Adults (27-64yrs)

Seniors (65+)

Organizations/Institutions

Special population(s):

### SERVICES

Individual Assessment - Specify Assessments:

Group/Organizational Assessment - Specify Assessments:

Treatment - Specify Treatment Modalities:

Based on your knowledge of the applicant, are there any areas where you would judge the applicant **not** competent/trained?

If you have any further comments that will help the board conduct its work and to maintain the standards of our profession, please add them. Include any accommodations made during COVID-19. You may send additional information if you desire.

Was this internship site APA approved in professional psychology for the dates covered in this report?

YES (Please sign page one and return directly to the LSBEP)

NO (If the internship site was not APA approved, continue on to page 3, "Non-apa Accredited Sites")

The LSBEP requires that supervised internship training be primary source verified through this document, completed by the *current Director of Internship Training* and returned directly to the LSBEP. This document will not be accepted if sent by the applicant. We may contact you for additional information. Please provide your contact information and attest to the accuracy of the information you have provided herein by signing below:

<b>Name:</b>	<b>Title:</b>	<b>License No.</b>	<b>License State:</b>
<b>Address:</b>		<b>Work Phone:</b>	
		<b>Alternate Phone:</b>	
		<b>Email:</b>	
<b>Date:</b>	<b>Signature:</b>		

**RETURN ORIGINAL SIGNED COPY DIRECTLY TO:**

**LSBEP  
4334 S. Sherwood Forest Boulevard • Suite C-150 •  
Baton Rouge, LA 70816**

**Non-APA Accredited Internship Training**  
**(Completed and returned by Director of Internship Training)**

I hereby verify on behalf of \_\_\_\_\_ (Applicant) that his/her Internship training program at \_\_\_\_\_ (Internship site) met the criteria in the Louisiana Administrative Code Title 46 §305.B.2.a-l , at the time of their participation, as stated below:

a. The internship was an organized training program, in contract to supervised experience or on-the-job training, designed to provide the intern with a planned, programmed sequence of training experiences. The primary focus and purpose is assuring breadth and quality of training.	YES	NO
b. The internship agency had a clearly designated staff psychologist who was responsible for the integrity and quality of the training program and who was actively licensed/certified by the State/Provincial Board of Examiners in Psychology.	YES	NO
c. The internship agency had two or more psychologists on the staff as supervisors, at least one of whom was actively licensed as a psychologist by the State/Provincial Board of Examiners in Psychology.	YES	NO
d. Internship supervision was provided by a staff member of the internship agency or by an affiliate of that agency who carried clinical responsibility for the cases being supervised. At least half of the internship supervision was provided by one or more psychologists.	YES	NO
e. The internship provided training in a range of assessment and treatment activities conducted directly with clients seeking psychological services.	YES	NO
f. At least 25 percent of trainee’s time was in direct client contact (minimum 375 hours).	YES	NO
g. The internship included a minimum of two hours per week (regardless of whether the internship was completed in one year or two) of regularly scheduled, formal, face-to-face individual supervision with the specific intent of dealing with psychological services rendered directly by the intern. There must also have been at least two additional hours per week in learning activities such as: case conferences involving a case in which the intern was actively involved; seminars dealing with clinical issues; co-therapy with a staff person including discussion; group supervision, additional individual supervision.	YES	NO
h. Training was post-clerkship, post-practicum and post-externship level.	YES	NO
i. The internship agency had a minimum of two interns at the internship level of training during the applicant’s training period.	YES	NO
j. Trainee had title such as “intern,” “resident,” “fellow,” or other designation of trainee status.	YES	NO
k. The internship agency had a written statement or brochure which described the goals and content of the internship, stated clear expectations for quantity and quality of trainee’s work and was made available to prospective interns. <b>(ATTACH DOCUMENTATION)</b>	YES	NO
l. The internship experience was a minimum of 1,500 hours and was completed within 24 months.	YES	NO

Director of Internship Training: \_\_\_\_\_  
PRINT NAME

Signature: \_\_\_\_\_ Date: \_\_\_\_\_