



# 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

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## POST-DOCTORAL SUPERVISION DOCUMENTATION

*(To be completed by postdoctoral supervisor)*

Name of Supervisee: Educational level: Area of Doctoral Training:  
Name of Supervisor: Educational level: Area of Doctoral Training:  
License Number: Date Licensed for Independent Practice:  
Name of setting: Nature of setting:  
Dates of practice covered in this report: From To Number of Months:  
Total number of supervised hours of practice during dates covered in this report:  
Total number of one-to-one general/professional supervision hours *per week*:  
Total number of case discussion/skill training *per week*:  
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 (13-18yrs)
Young Adult (19-26yrs)	Adults (27-64yrs)	Seniors (65+)
Organizations/Institutions	Special population(s):	

### SERVICES

#### Assessment:

\_\_\_ Individual Assessment. Specify Assessments:

Group/Organizational Assessment. Specify Assessments:

#### Treatment:

Treatment. Specify Treatment Modalities:

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

Do you have any reservation against giving the applicant your unqualified support?      YES      NO  
 Comments:

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. You may send additional information if you desire.

We may contact you for additional information. Please provide your contact information below.

<b>Date:</b>		<b>Supervisor's Signature:</b>	
<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>	

**SUPERVISOR RETURN ORIGINAL SIGNED COPY DIRECTLY TO:**

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