



OREGON BOARD OF PSYCHOLOGY

3218 Pringle Rd SE, Suite #130
Salem, OR 97302-6309
(503) 378-4154 • Fax: (503) 374-1904

Contract for Supervision of a Psychologist Resident Form

This fillable form is to be completed by the prospective resident and supervisor(s) and must be approved by the Board **prior** to initiating supervised work. Any changes that occur in the information in this contract must be immediately communicated to the Board (e.g., office relocation, change in associate supervisor, termination of supervision).

- CHECK ONE:
- Initial Supervision Contract
 - Change in Primary or Associate Supervisor *
 - Add Associate Supervisor at Primary Work Site *
 - Add Supervisor(s) for Additional Work Site *

** Please note that the Primary Supervisor needs to sign off on these changes.*

Resident Name: _____

Primary Work Site: _____ Make this my public address

Address: _____ City: _____, Oregon Zip: _____

Primary Supervisor: _____ Oregon License #: _____

Associate Supervisor: _____ Oregon License #: _____

Secondary Work Site: _____ Make this my public address

Address: _____ City: _____, Oregon Zip: _____

Primary Supervisor: _____ Oregon License #: _____

Associate Supervisor: _____ Oregon License #: _____

SUPERVISION TO BE PROVIDED RESIDENT - Supervision must comply with the requirements set forth in OAR 858-010-0036. The Primary Supervisor has a primary responsibility for the education, training, and clinical activities of the Psychologist Resident. The Associate Supervisor(s) (if any) is responsible for the clinical activities of the Psychologist Resident in the event that the primary supervisor is unavailable. The resident must receive at least one hour of face-to-face individual supervision per week for up to 20 hours of work, and at least two hours of supervision per week (one hour may be group supervision, but at least one hour must be face-to-face individual supervision) for more than 20 hours of work in a week. Refer to the rule for limited exceptions.

Contract for Supervision of a Psychologist Resident Form, cont.

CONDITIONS OF SUPERVISION -

Description of focus of psychological services to be supervised:

■ **Primary Supervisor:** _____

Fee for Supervision: _____ /hr.

Planned duration and frequency of supervision:

Qualifications/Competencies of Supervisor:

■ **Associate Supervisor:** _____

Fee for Supervision: _____ /hr.

Qualifications/Competencies of Supervisor:

SIGNATURES -

I have read and understand the regulations pertaining to the practice of psychology in Oregon. I understand that supervision must comply with OAR 858-010-0036, and that the Resident may not begin providing psychological services or use the title "psychologist resident" until this contract has been approved by the Board in writing.

Primary Supervisor

Date

Associate Supervisor Signature

Date

Proposed Resident Signature

Date

Applicants: please submit this form via the Applicant Portal