

OREGON BOARD OF PSYCHOLOGY

Internship Site Director Reference Form

_____ has applied for licensure as a psychologist/psychologist associate in the State of Oregon. The Board is dedicated to ensuring high standards for the psychology profession, and requests you respond to the following questions regarding an internship completed with you.

Reference Name: _____ Position: _____

Email: _____ Phone: _____

Name of Internship Agency: _____

Address of Internship Agency: _____

Applicant's Title at Agency: _____

Was internship part of university/school graduate program requirement? Yes No

If yes, name of University: _____

Graduate Program: _____

Dates applicant participated in the internship program: _____ / _____ / _____ To _____ / _____ / _____

Hours of formal, face-to-face individual supervision **per week**? _____

Hours worked **per week**: _____ **Total hours** of supervised experience: _____

Hours spent per week in other learning activities (such as case conferences, seminars on applied issues, conducting co-therapy with a staff person including discussion of a case, and group supervision)? _____

Was 25% percent of the internship experience spent in direct client contact providing assessment and intervention services? Yes No

Applicant's Primary Supervisor: _____

License State & Number: _____

Applicant's Secondary Supervisor: _____

License State & Number: _____

Was internship satisfactorily completed? Yes No

I attest that I have answered all the questions completely and without reservation, and that the information provided by me herein is true and correct.

Signature: _____ Date: _____