

**VERIFICATION OF POSTDOCTORAL SUPERVISOR-ASSOCIATE PSYCHOLOGIST  
(Provisional License applicants only)**

Access this form via website at: [hawaii.gov/dcca/pvl](http://hawaii.gov/dcca/pvl)

**INSTRUCTIONS FOR THE APPLICANT:**

Complete Section 1, then have your supervisor complete Section 2 to verify their credentials to supervise your postdoctoral experience. **Please note that your supervisor must sign the form before a notary public.** When both parties have completed their sections, attach the completed form to your application for submission it to the Board.

|                             |  |        |                     |
|-----------------------------|--|--------|---------------------|
| <b>Section 1: APPLICANT</b> | Name (First-Middle)                                | (Last) | Social Security No. |
|                             | Address (include apt. no., city, state & zip code) |        | Phone No.           |
|                             |  |        | Date of Birth       |
|                             | Signature of Applicant:                            |        | Date:               |

**INSTRUCTIONS FOR THE SUPERVISOR:**

The person named above is applying for an Associate Psychologist provisional license-in Hawaii. Please complete Section 2 (PART I and PART II) to verify the applicant will complete the postdoctoral experience **under your supervision**, sign the form before a notary public, then return the completed form to the applicant.

**To correct an error in Section 2, please draw a single line through the incorrect information and initial. DO NOT use correction fluid or write over incorrect information.**

| PLANNED EXPERIENCE |            | Title of Position | Name of Training Site<br>Address, City, State |
|--------------------|------------|-------------------|---|
| From               | To         |                   |   |
| /                  | /          |                   |   |
| Month Year         | Month Year |                   |   |

**PART I:** Please enter the indicated details of the postdoctoral experience in the boxes above, and complete a signed letter addressed to the Board of Psychology providing a detailed summary of the duties that the applicant will perform in the field of psychology during the postdoctoral supervision.

**PART II: AFFIDAVIT OF THE SUPERVISOR**

I (name) \_\_\_\_\_ hereby attest to the following:

1. I will supervise the postdoctoral experience of (applicant's First/Last names) \_\_\_\_\_ during the calendar period indicated above;
2. The planned experience will begin after the award date of the degree and consist of at least one year of supervision; and
3. I hold a Psychologist License in Hawaii that is current and in good standing.

I further certify that the statements and information provided on this verification of clinical fellowship supervision and attached documents are true and correct.

Signature of Supervisor \_\_\_\_\_ Address: \_\_\_\_\_

License Number \_\_\_\_\_

|   |
|---|
| Subscribed and sworn to before me this<br>_____ day of _____, A.D. 20_____. |
| Notary Signature: _____   |
| Notary Public, State of: _____  |
| My commission expires: _____  |
| Print Name: _____   |

|                                |                     |
|--------------------------------|---------------------|
| Document date: _____           | No. of Pages: _____ |
| Document description:<br>_____ |                     |
| Notary Name: _____             |                     |
| Circuit Court: _____           |                     |
| Notary Signature: _____        | Date: _____         |

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at 1-844-808-DCCA (3222) to submit your request.