NEW HAMPSHIRE
PLC
Office of Professional Licensure and Certification

State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301-4980
Phone: 603-271-2152

BOARD OF PSYCHOLOGISTS
SUMMARY OF SUPERVISED CLINICAL EXPERIENCE INTERNSHIP AND POST DOC

To be **completed by the applicant** and sent directly to the Board with the application.

Applicant's Legal Name ____

Applicant's Home Mailing Address ____

Reference rules are located in Psyc 302.03. Psyc 302.04, and Psyc 302.05. If there were multiple supervisors at the same site list each supervisor in the same box and provide the total hours for the experience.

Dates From – To *mm/dd/yyyy*	**Facility**	**Supervisor**	**Hours** of Face-to-Face **Supervision**	**Total Hours** of Clinical Program Experience
Predoctoral Internship Experience (minimum 1500 hours)				
Documented date of completion of doctoral degree requirements (mm/dd/yyyy)____________				
Postdoctoral Experience (minimum 1500 hours)				
Internship and Postdoctoral Total Hours of Supervised Clinical Experience				

By signing below, I certify that the above information is correct to the best of my knowledge and belief.

Applicants Signature____ Date ____________________