#### Attestation of Psychometry Supervision and Professional Experience

**Applicant:**

Please complete Section 1 and have remaining sections completed by supervisor. Use a separate verification form for each supervisor (make copies as needed).

**Section 1 – Applicant:** (Please print clearly or type)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Last | First | | Middle Initial | Date of Birth |
| Address | | | Email: | | |
| City | | | State/Province | | Zip/Postal Code |

**Section 2 – Supervisor:**

The applicant above is seeking to become a Certified Specialist in Psychometry, which requires verification of supervision by a licensed psychologist or equivalent or CSP supervisor psychometrist and professional experience.

|  |  |  |
| --- | --- | --- |
| Supervisor Name | Current Phone # | |
| License#; | |
| Current address | Email: | |
| City | State/Province | Zip/Postal Code |

**Section 3 – Supervision Experience:**

Applicants must meet minimum hours of professional psychometric experience and supervision. Please indicate below the months of supervision:

##### Months of Supervision

|  |  |
| --- | --- |
| From: | To: |
| Month / Day / Year | Month / Day / Year |

Please fill in the number of hours of professional psychometric experience completed by the applicant while under your supervision. [E.g., 40hrs/wk for 50 weeks = 2000hrs/yr]

|  |  |  |
| --- | --- | --- |
| **Experience** | **Number of Hours** | |
| Total # of hours of supervised psychometry work experience = | |  |

**Supervisor:**

I certify the above information is, to the best of my knowledge, accurate and complete. I understand that the BCP may request additional information, if needed, to evaluate the application of the individual named on this document.

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Please attach this completed Attestation of Psychometry Supervision and Professional Experience as part of your CSP exam application. Your application cannot be processed without one of the Attestations.