

## INSTRUCTIONS FOR COMPLETING THE VERIFICATION OF SUPERVISED WORK EXPERIENCE FORM

1. Your employer or supervisor must list the dates of the supervised work experience in a mm/dd/yy format. Using the words “current” or “present” is not acceptable.
2. Your employer or supervisor must verify your TOTAL hours of supervised work experience in **psychotherapy only**. **Hours counted must be limited to only those hours spent providing assessment, diagnosis and treatment services.**
3. **Total hours of supervised work experience verified should include all direct client contact hours AND all indirect hours RELATED to direct services, such as training, supervision hours you received and documentation. DO NOT include non-clinical hours, such as case management, administrative time or supervision hours you provided to others.**
4. **Total hours of direct client contact must be limited to only those hours spent providing assessment, diagnosis and treatment services.**

**NOTE: You must list a specific end date. “Current” or “Present” will not be accepted.**

Dates of supervised work experience: From \_\_\_\_\_ through \_\_\_\_\_  
mm/dd/yy mm/dd/yy

Total hours of supervised work experience involving the use of psychotherapy for the purpose of assessment, diagnosis and treatment of individuals, couples and groups during the time period identified above: \_\_\_\_\_

Total hours of direct client contact during the time period identified above: \_\_\_\_\_

(NOTE: Identify total hours worked, not hours per week.)