REPORT OF SUPERVISED PERSONS
FOR BIENNIAL RENEWAL PERIOD

The Code Laws of South Carolina (Section 40-55-70) requires that “psychologically trained individuals who do not meet requirements for licensing...are permitted to render psychological services when under the direct supervision of a licensed psychologist who assumes professional responsibility for the competence of services rendered and who keeps the Board informed of the nature and extent of such services under his supervision.”

“Supervised persons” are defined as those individuals performing psychological functions (e.g., psychological assessment, administering and scoring psychological tests, interviewing, individual and group psychotherapy, behavior modification) under the supervision of the licensed psychologist.

Please type or print one copy of this Report of Supervised Persons for each unlicensed person who provides psychological services under your supervision, such as: (1) Persons who do not meet the requirements for licensure, but who provide psychological services under the supervision of the licensed psychologist. (2) Candidates being supervised for licensure in psychology.

There is a biennial fee of $300.00 per supervisee for the registration with the Board of a supervisee whose services are under the purview of the Board and who performs revenue-producing services for the supervising licensed psychologist. Completion of this form is not required for trainees in state or federal agencies or facilities. In addition, one copy of this form should be completed and submitted for each new supervised person at the time of initial supervision during the licensure year.

1. Name of supervising licensed psychologist: ____________________________________________
   
   Name of supervised person: __________________________________________________________
   
   Title of supervised person: __________________________________________________________
   
   Setting of practice: _________________________________________________________________
   
   Date of initial supervision: __________________________________________________________
   
   Number of hours worked per week: ____________________________________________________
   
   Educational background of supervised person:
   
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<tr>
<th>Degree</th>
<th>Major</th>
<th>College/University</th>
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   Biennial Supervision fee: $300.00

2. Description of psychological services provided by supervised person:
   
   ________________________________________________________________
   
   ________________________________________________________________
   
   ________________________________________________________________

3. Frequency and type of supervision by licensed psychologist:
   
   ________________________________________________________________
   
   ________________________________________________________________

(Over)
4. Is an ongoing record of supervision maintained which details the types of activities in which the supervised person is engaged and the related supervisory activities of the licensed psychologist? **YES**______       **NO**______

5. Are all written reports and communications by supervised person countersigned by the licensed psychologist? **YES**______       **NO**______

6. Are clients/patients of the supervised person aware of the fact that this person is being supervised by the licensed psychologist and that the licensed psychologist has ultimate responsibility for the psychological services rendered by the supervised person? **YES**______       **NO**______

7. Has the supervised person received a copy of Chapter 55 of the Code of Laws of South Carolina, the state statute regulating the practice of psychology in South Carolina; a copy of Section 19-11-95 of the Code of Laws of South Carolina which provides “that confidences of a patient in the course of diagnosis or treatment of a mental or emotional condition may not be revealed by providers;” and a copy of the revised Regulations of the South Carolina Board of Examiners in Psychology, including Section 100-4 (the Code of Ethics) and Section 100-8 (Guidelines for the Employment and Supervision of Unlicensed Persons Providing Psychological Services)? **YES**______       **NO**______
   When will the supervised person receive a copy of these documents which govern the practice of psychology in South Carolina? ______________________________________

8. **Affirmation by Supervised Person**

   I do hereby affirm that all statements made on this Report of Supervised Persons Form are true, complete, and correct to the best of my knowledge and are made in good faith. I also do hereby affirm that I will comply with all requirements of Chapter 55 of the code of Laws of South Carolina and all revised Regulations of the South Carolina Board of Examiners in Psychology which were received on ________________________________.

   Date

   Signature of supervised person: ____________________________________________  ________________________

9. **Affirmation by Licensed Psychologist**

   I do hereby affirm that all statements made in this Report of Supervised Persons Form are true, complete, and correct to the best of my knowledge and are made in good faith.

   ____________________________________________________________________________

   Licensed Person  Specialty Area  Date

Return to:

**South Carolina Board of Examiners in Psychology**
P.O. Box 11329
Columbia, South Carolina
29211-1329

Telephone number (803) 896-4664

Revised: 08/31/05