



Washington State Department of
Health
 Board of Psychology Credentialing
 PO Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Professional Reference Request

Print Clearly

Note: Please be advised upon receipt of written request, this form may be released to the applicant. You may choose to provide the applicant with a copy of your completed form. However addresses and telephone numbers will not be released. This form may be duplicated. Qualifying supervised experience in a human subject research setting is only allowed for hours providing and obtaining supervision for those clinical services defined as the “practice of psychology” under [RCW 18.83.010\(1\)](#). All other research-related hours do not qualify for supervised experience.

The person asking you to complete this form is applying for licensure as a psychologist in Washington State. Applicants must provide documentation from supervisors that they have met the supervised experience requirements for licensure. This form identifies several categories of supervised experience. These categories are defined in rules adopted by the Examining Board of Psychology. These rules are found in the Washington Administrative Code (WAC) which can be searched on the following site: <http://apps.leg.wa.gov/wac/default.aspx?cite=246.924>. The rules for the four categories of supervised experience are as follows: [WAC 246-924-049](#), “Practicum”; [WAC 246-924-053](#), “Preinternship”; [WAC 246-24-056](#), “Internship”; and, [WAC 246-924-059](#), “Post-doctoral supervised experience.”

If you are being asked to complete this form for an applicant because his/her original supervisor is deceased or cannot be located, please document that information below under Item 1., “Other.” Provide as much of the requested information as appropriate given your position based on the information and records available to you at your facility or institution, including any personal knowledge of the applicant’s supervised experience.

For each response below please attach any additional explanation if necessary.

_____ has applied for a license as a psychologist in the State of Washington and has given your name as a reference. Please return directly to the address listed above.

Name of Applicant

Your Name

Ty W. Lostutter, PhD

Organization University of Washington	Position Training Director		
Address 1959 NE Pacific St BB1627D Box 356560	City Seattle	State WA	Zip Code 98195

1. Supervision Relationship to Candidate:

Practicum Preinternship Internship Post-doctoral Professional Colleague

Other (specify) _____

Title of applicant’s position and name of organization: _____

Professional Reference Request (Cont.)

2. Describe briefly the applicant's duties as you knew them in the position listed above: _____

3. If you were a supervisor of the applicant's **practicum**, please complete the following:
- A. Dates of supervision: From _____ To _____
 - B. Total number of hours of practicum experience you supervised: _____ (300 hours are required.)
 - C. Practicum hours spent in supervision (see [WAC 246-924-049](#) for the definition of "supervision" in the Practicum)? _____
4. If you were a supervisor of the applicant's **preinternship** experience, please complete the following:
- A. Dates of supervision: From _____ To _____
 - B. Total number of hours of preinternship experience you supervised: _____
 - C. Number of hours of direct client contact providing assessment and intervention services: _____
 - D. Number of hours of regularly scheduled, formal face-to-face individual supervision that addresses the direct psychological services provided by the applicant: _____
 - E. Number of hours of other learning activities such as case conferences, seminars on applied issues, conducting cotherapy with a staff person including discussion of a case, and group supervision: _____
5. If you were a supervisor of the applicant's **internship** experience, please complete the following:
- A. Was the internship site APA accredited or approved by APPIC? Yes No
 - B. Dates of supervision: From 07-01-_____ To 06-30-_____
 - C. Total number of hours of internship experience you supervised: 2000 (At least 1,500 hours are required.)
 - D. Number of hours of direct client contact providing assessment and intervention services: _____
 - E. Number of hours of regularly scheduled, formal face-to-face individual supervision that addresses the direct psychological services provided by the applicant: _____
 - F. Number of hours of other learning activities such as case conferences, seminars on applied issues, conducting cotherapy with a staff person including discussion of a case, and group supervision: _____
6. If you were a supervisor of the applicant's **post-doctoral** or other experience, please complete the following:
- A. Dates of supervision: From _____ To _____
 - B. Total number of hours of post-doctoral psychological work you supervised: _____
 - C. Total number of hours of face-to-face supervision you provided: _____

Professional Reference Request (Cont.)

7. Do you have any concerns in recommending this applicant for a license in the state of Washington for independent practice? Yes No If yes, please comment specifically. Include any other information you consider relevant.

8. Is there any other information about this candidate which you believe should be provided to the Examining Board of Psychology? Yes No If yes, please explain.

Select which category(ies) apply to you and mark the appropriate box(es):

- A. If you provided supervision for the applicant for his/her Preinternship, Internship, or Post-doctoral supervised experience, identify with the category of credentialing that applied to you at the time you provided the supervision. If you select "Other," identify your credential status under the applicable laws in your state or province.

- Psychologist with two years post-licensure experience.
- Psychiatrist with three years of experience beyond residency.
- Social worker, Mental Health, or Marriage and Family Therapist with five years post-licensure experience.
- Doctoral level psychologist with three years post-doctoral experience who is exempt from licensure under [RCW 18.83.200](#).
- Other _____

License Number: PY60238397 Date of Original License: 01/15/2014

- B. If you provided supervision for the applicant for his/her Practicum, enter the following information about your position in that facility or institution where the Practicum occurred and any health profession credential you held at that time.

Position Title: _____

Professional Reference Request (Cont.)

Health Profession Credential: _____

Other: _____

- C. If you have provided information because the applicant's supervisor is deceased or cannot be located, provide the following information.

Name of person and their license number you are filling the form out on behalf of:

Your position/title: _____

Name of facility/institution where applicant obtained supervised experience: _____

Your Signature: _____ Date: _____