



GEORGIA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

237 Coliseum Drive Macon, Georgia 31217-3858

(404) 424-9966 (Phone) * (888) 866-7127 (Fax) * ExamBoards-Healthcare@sos.ga.gov

<https://sos.ga.gov/georgia-state-board-examiners-psychologists>

VERIFICATION OF POST-DOCTORAL SUPERVISED WORK EXPERIENCE (SWE)

AFFIDAVIT OF SUPERVISOR – Board Form G

This **Affidavit** must be submitted to the Board at completion of the Supervised Work Experience.

TO THE SUPERVISOR: You have been asked to attest to experience required of an applicant for licensing as a psychologist in Georgia. The Board requests that you answer the questions as candidly and objectively as possible. Submit the completed, signed and dated form to the Board by e-mail to ExamBoards-Healthcare@sos.ga.gov, by fax to 888-866-7127 or mail to GA Psychology Board, 237 Coliseum Drive, Macon, GA 31217-3858

NAME OF APPLICANT/SUPERVISEE:

NAME OF SUPERVISOR:

AFFIDAVIT

I, the above-named Supervisor, do hereby attest that the above-named Applicant/Supervisee has been under my supervision during his/her post-doctoral supervised work experience:

FROM: _____
Month/Day/Year

TO: _____
Month/Day/Year

EVALUATION

This Applicant is seeking to become a licensed practitioner of Psychology in Georgia. In effect, the Applicant is claiming the readiness for independent professional practice without direct supervision.

Please give the Board your assessment of the Applicant's level of preparation for independent practice at the end of their SWE.

Use this SCALE:

Level 1 - Ready for independent practice

Level 2 - Needs continued supervision

Level 3 – Has not achieved minimal competence (unsatisfactory)

N/A - I can make no judgment relative to this area

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READINESS IN TERMS OF THEORETICAL KNOWLEDGE AND SKILLS **(CIRCLE ONE)**

1 2 3 N/A

READINESS IN TERMS OF APPLIED KNOWLEDGE AND SKILLS **(CIRCLE ONE)**

1 2 3 N/A

READINESS IN TERMS OF PERSONAL FUNCTIONING **(CIRCLE ONE)**

1 2 3 N/A

READINESS IN TERMS OF ETHICAL PRACTICE **(CIRCLE ONE)**

1 2 3 N/A

Please describe any specific recommendations you may have relating to the Applicant's additional needs for professional development: _____

The applicant is **not qualified** for independent practice in the following activities:

ADDITIONAL COMMENTS:

TOTAL # OF SUPERVISION HOURS: _____
TOTAL # OF CLIENT/PATIENT INVOLVEMENT
HOURS: _____

TOTAL # OF POST-DOCTORAL SWE
HOURS: _____

I do, do not, (circle one) affirm by my signature below that the applicant has ethically and competently fulfilled the requirements of the Georgia State Board of Examiners of Psychologists as specified by the laws and rules for Georgia for a Supervised Work Experience.

SIGNATURE

Date

Signature of Supervisor