



**REPORT OF SUPERVISED PERSONS
 FOR BIENNIAL RENEWAL PERIOD 2023-2025**

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. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.) 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:

Degree	Major	College/University	Graduation Date
Degree	Major	College/University	Graduation Date

2. Description of psychological services provided by supervised person:

3. Frequency and type of supervision by licensed psychologist:

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

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.

Signature of Supervised Person: _____ Date: _____

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.

Signature of Licensed Psychologist: _____ Date: _____

Specialty Area of Licensed Psychologist: _____