



NMRLD

NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

**VERIFICATION BY SUPERVISOR OF TWO-YEAR SUPERVISION OF
CONDITIONAL PRESCRIBING PSYCHOLOGIST**

UNRESTRICTED PRESCRIBING PSYCHOLOGIST APPLICANT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
PERSONAL PHONE		BUSINESS PHONE	
EMAIL		<input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS	
DATE OF BIRTH			
SUPERVISOR INFORMATION			
NAME OF PRIMARY SUPERVISOR			
LICENSE PROFESSION	LICENSE NUMBER	STATE OR JURISDICTION OF LICENSURE	
NAME OF SECONDARY SUPERVISOR			
LICENSE PROFESSION	LICENSE NUMBER	STATE OR JURISDICTION OF LICENSURE	
NAME OF SECONDARY SUPERVISOR			
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NAME OF SECONDARY SUPERVISOR			
LICENSE PROFESSION	LICENSE NUMBER	STATE OR JURISDICTION OF LICENSURE	
QUESTIONS FOR PRIMARY SUPERVISOR			
1.	Did you keep a log of the hours of supervision?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.	Was the conditional prescribing psychologist under your supervision for two years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.	Was the conditional prescribing psychologist under your supervision for two years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.	Did the conditional prescribing psychologist obtain a minimum of ninety-two hours of supervision over two years (unless less hours were specified in a modified plan)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.	Did you confer with any and all secondary supervisors at least twice annually, including at the termination of the two-year supervisory period?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.	Is it your professional opinion that the conditional prescribing psychologist possesses adequate skills to practice psychopharmacotherapy competently and safely in consultation with patients' primary care physicians?	<input type="checkbox"/> YES <input type="checkbox"/> NO	



QUESTIONS FOR PRIMARY SUPERVISOR

If you answered yes to any of the questions, the Board would appreciate any details that would help in evaluating the applicant. You may attached additional pages if necessary.

If, in your professional opinion, this conditional prescribing psychologist needs further supervision to be a competent and safe psychopharmacologist, please describe what remediation you would recommend. You may attached additional pages if necessary.

PRIMARY SUPERVISOR CERTIFICATION

I _____, primary supervisor of the conditional prescribing psychologist for two-years, I certify that all of the statements made in this document are true, complete, and correct to the best of my knowledge.

Primary Supervisor Signature _____ Date _____

***Please e-mail to the Board Office at psychologist.examiners@state.nm.us**

