



NMRLD

NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

**VERIFICATION BY SUPERVISOR OF 400-HOUR PRACTICUM
TREATING A MINIMUM OF 100 PATIENTS
WITH PHARMACOTHERAPY**

CONDITIONAL 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 SUPERVISOR			
LICENSE PROFESSION	LICENSE NUMBER	LICENSE STATUS	STATE OR JURISDICTION OF LICENSURE
DESCRIBE SUPERVISOR'S AREA OF PRACTICE IN WHICH SUPERVISOR IS FORMALLY TRAINED AND/OR LICENSED/CERTIFIED			
OTHER PROFESSIONAL LICENSES HELD BY SUPERVISOR <input type="checkbox"/> N/A			
LICENSE PROFESSION	LICENSE NUMBER	LICENSE STATUS	STATE OR JURISDICTION OF LICENSURE
LICENSE PROFESSION	LICENSE NUMBER	LICENSE STATUS	STATE OR JURISDICTION OF LICENSURE
SECONDARY SUPERVISOR INFORMATION <input type="checkbox"/> N/A			
NAME OF SUPERVISOR			
LICENSE PROFESSION	LICENSE NUMBER	LICENSE STATUS	STATE OR JURISDICTION OF LICENSURE
DESCRIBE SUPERVISOR'S AREA OF PRACTICE IN WHICH SUPERVISOR IS FORMALLY TRAINED AND/OR LICENSED/CERTIFIED			
OTHER PROFESSIONAL LICENSES HELD BY SECONDARY SUPERVISOR <input type="checkbox"/> N/A			
LICENSE PROFESSION	LICENSE NUMBER	LICENSE STATUS	STATE OR JURISDICTION OF LICENSURE
LICENSE PROFESSION	LICENSE NUMBER	LICENSE STATUS	STATE OR JURISDICTION OF LICENSURE



APPLICANT'S TRAINING DIRECTOR INFORMATION	
TRAINING DIRECTOR'S NAME	
TRAINING DIRECTOR'S ADDRESS	
DATE PRACTICUM BEGAN	DATE PRACTICUM ENDED
QUESTIONS FOR SUPERVISOR	
1.	Was the 400-Hour Practicum part of the psychopharmacology training program from which the applicant obtained his/her certification or degree? <input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Did the practicum meet the following requirements?
	a. A minimum of 100 separate patients? <input type="checkbox"/> YES <input type="checkbox"/> NO
	b. A range of disorders listed in the DSM? <input type="checkbox"/> YES <input type="checkbox"/> NO
	c. Both acute and chronic conditions? <input type="checkbox"/> YES <input type="checkbox"/> NO
	d. Did the 400 hours include only time spent with patients to provide evaluation and psychopharmacotherapy and time spent in collaboration with treating healthcare providers? <input type="checkbox"/> YES <input type="checkbox"/> NO
	e. Was there diversity including gender, ages throughout the life-cycle, various ethnicities, socio-cultural backgrounds, & various economic backgrounds, as much as possible within the psychologist's area of practice? <input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Was the primary or secondary supervisor onsite? <input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Did the applicant consult with your or any secondary supervisors, as appropriate, before making decisions about the pharmacological treatment of patients? <input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Did the primary/secondary supervisor(s) review the charts & records? <input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Was there at least one hour of supervision for every eight hours of Patient contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Did the applicant keep a log of the dates & times of supervision? <input type="checkbox"/> YES <input type="checkbox"/> NO
8.	Was the practicum completed in no less than 6 months and no more than three years? <input type="checkbox"/> YES <input type="checkbox"/> NO
9.	Was the practicum completed within the 5 years preceding this application? <input type="checkbox"/> YES <input type="checkbox"/> NO
10.	Did the applicant, during the initial contact with patients or legal guardians, adequately explain his/her status as a licensed psychologist receiving specialized training in psychopharmacology and being under supervision? (Please enclose copies of any printed material.) <input type="checkbox"/> YES <input type="checkbox"/> NO
11.	Did the applicant maintain a log, without patient ID, which included basic identifying data? <input type="checkbox"/> YES <input type="checkbox"/> NO
12.	Did you, as a supervisor, write at least two formal evaluations of the applicant, preferably at the midpoint and at the end of the practicum, assessing progress, competence, and description of any deficiencies where competency had not been achieved? <input type="checkbox"/> YES <input type="checkbox"/> NO
13.	Did you, as supervisor, submit copies of these evaluations to the applicant & Training Director? <input type="checkbox"/> YES <input type="checkbox"/> NO
14.	Were you and any secondary supervisors in consultation regarding the applicant's progress, competence, and any deficiencies? <input type="checkbox"/> YES <input type="checkbox"/> NO
15.	Do you, as primary supervisor, certify that the applicant has successfully completed the 400-Hour/100-Patient practicum, as specified in the Prescribing Psychologist Act and is competent to obtain a conditional prescription certificate, all other requirements being satisfactorily completed? <input type="checkbox"/> YES <input type="checkbox"/> NO
PRIMARY SUPERVISOR CERTIFICATION	
I _____, the clinical supervisor of the 400-Hour/100 Patient Practicum, certify that all of the statements made in this document are true, complete, and correct to the best of my knowledge and made in good faith.	
Clinical Signature _____ Date _____	

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

