NMRLD
NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

VERIFICATION BY SUPERVISOR OF 80-HOUR PRACTICUM IN PRIMARY HEALTH CARE

CONDITIONAL PRESCRIBING PSYCHOLOGIST APPLICANT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
PERSONAL PHONE	BUSINESS PHONE		
EMAIL	☐ PERSONAL OR ☐ 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			
LICENSE PROFESSION	LICENSE NUMBER	LICENSE STATUS	STATE OR JURISDICTION OF LICENSURE
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APPLICANT'S TRAINING DIRECTOR INFORMATION	
TRAINING DIREDTOR'S NAME	
TRAINING DIRECTOR'S ADDRESS	
DATE PRACTICUM BEGAN	DATE PRACTICUM ENDED

QUESTIONS FOR SUPERVISOR		
1.	Have you sent an evaluation form about this applicant to the Director of Training discussing the student's adequate development of skills in:	
	a. Assessing a diverse and significantly ill medical population?	☐ YES ☐ NO
	b. Observing the progression of illness and continuity of care of individual patients?	☐ YES ☐ NO

	c. Adequately assessing vital signs?	☐ YES ☐ NO
	d. Demonstrating competent laboratory assessment?	☐ YES ☐ NO
	e. Demonstrating competence in physical and health assessment techniques?	☐ YES ☐ NO
2.	Has the student successfully completed the eighty-hours of supervised experience with you as specified in the Prescribing Psychologist Act?	☐ YES ☐ NO

The Board would appreciate any comments you might have regarding this applicant's practicum. Please include any information you consider relevant regarding this applicant.

PRIMARY SUPERVISOR CERTIFICATION

I _____, the clinical supervisor of the 80-Hour 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**