



VERIFICATION OF EXPERIENCE FORM

SUPERVISEE AND PRIMARY SUPERVISOR DATA

SUPERVISEE		PRIMARY CLINICAL SUPERVISOR	
Last Name:		Last Name:	
First Name:		First Name:	
Middle Initial:		Email Address:	
Date of Birth:		Phone Number:	
Email Address:		License Type and Number:	
Phone Number:		Jurisdiction (State of Province):	

VERIFICATION OF EXPERIENCE

Start Date (e.g., 10/3/2016)	Completion Date (e.g., 10/2/2017)	Average number of hours worked per week (exclude supervision) (e.g., 36)	Received a minimum of 1 hour of direct supervision per week *If part time see below	**Total number of face-to-face hours of verified experience (e.g., 36)
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

AGENCY WHERE SERVICES WERE PROVIDED:

Agency Name: _____ City: _____

SUPERVISEE CATEGORY AND INFORMATION:

Student/Practicum/Predoctoral Internship Name of academic institution: _____
 CASOMB Student certification issue date: _____ Certification #: _____

CASOMB Associate Certification issue date: _____ Certification #: _____

Exempt Settings (Non-Profit) Governmental Agencies

The trainee and I complied with all the conditions and acknowledgments set forth in the Supervision Agreement. YES NO

The trainee has met the minimum requirements and I support their advancement. YES NO

NOTE: If the answer to the above questions is "no," please thoroughly explain on a separate sheet and attach it to this form as an addendum.

I declare under penalty of perjury under the laws of the State of California that all the foregoing is true, complete, and correct.

Supervisee Name(Print or Type) _____

Signature _____ Date _____

Supervisor Name(Print or Type) _____

Signature _____ Date _____

*If the Student/Associate Provider provides less than seven (7) hours of direct clinical services per week, then a minimum of one (1) hour of individual supervision must be provided once every two (2) weeks.

**This includes telehealth and all direct sex offense clinical services hours, i.e. group therapy, individual therapy, family therapy, assessment, excludes containment team meetings, training, clinical supervision, or any support services such as paperwork. No more than 200 of the face-to-face hours may be obtained by working with youth (under the age of 18) who have engaged in problematic sexual behavior. A minimum of 200 hours (20%) must be in sex offender specific treatment (not all hours may be obtained from sex offender evaluation).