



CANNON BUILDING  
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**STATE OF DELAWARE**  
**BOARD OF EXAMINERS OF PSYCHOLOGISTS**

TELEPHONE: (302) 744-4500  
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EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**PSYCHOLOGICAL ASSISTANT REPORT OF NEW SUPERVISOR**

**INSTRUCTIONS**

**When to Submit Form**

A change in a Psychological Assistant's supervising Psychologist must be reported by the Psychological Assistant and *both* the new and releasing supervisors, as follows:

- The Psychological Assistant and the proposed **new** supervisor must complete and submit the [Psychological Assistant Report of New Supervisor](#) form.
- The Psychological Assistant and the **releasing** supervisor must complete the [Psychological Assistant Report of Releasing Supervisor](#) form.

**Responsibilities of Supervising Psychologist**

The proposed new supervising Psychologist must

- have practiced as a licensed psychologist in Delaware or another jurisdiction for two years
- hold a current, active Delaware Psychologist license.

The supervising Psychologist must assume full professional, legal, and ethical responsibility for the services provided by the registered Psychological Assistant.

**Requirements for Reporting**

- Submit a completed, signed and notarized [Psychological Assistant Report of New Supervisor](#) form. Both the Psychological Assistant and the new supervising Psychologist must sign the form in the appropriate places.
- Enclose a job description that is specific to the Psychological Assistant. The job description will remain on file with the Board. It must include *all* of the following:
  - Define the specific role that the Psychological Assistant will play in the supervising Psychologist's practice.
  - Describe the range and type of duties assigned to the Psychological Assistant, as well as the limits of independent action and decision-making.
  - Describe the strategy for and format of supervision, including the ratio of clinical hours to supervisory hours.
  - Set forth a detailed emergency and contingency plan that describes the Psychological Assistant's plan of action in time of clinical crisis and includes prearranged emergency consultations and mechanism for obtaining these consultations.
  - Include a backup plan for the anticipated or unanticipated unavailability of the licensed Psychologist, who remains clinically and legally accountable for the actions of the Psychological Assistant, and should arrange for competent and continuous clinical coverage.

**INFORMATION ABOUT PSYCHOLOGICAL ASSISTANT – The Psychological Assistant completes this section**

1. Name: \_\_\_\_\_  
Last First Middle
2. Delaware License Number: **B2** - \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip
4. Phone: \_\_\_\_\_ Email: None  \_\_\_\_\_  
Daytime Home



16. The Psychological Assistant is permitted to provide supervised psychological services under the authority of your license. Do you accept direct responsibility for supervising this Psychological Assistant and understand that you are fully accountable for the service provided under authority of your license? Yes  No

17. Have you enclosed the Psychological Assistant's specific job description to this application? Yes  No

**Refer to the Instructions for the required elements of the job description.**

### AFFIDAVIT

**I hereby acknowledge that I have read the Delaware psychology statute and Rules and Regulations pertaining to the psychological assistants and agree to the job description as stated. I further swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.**

**New Supervisor Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

Sworn or affirmed before me a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

SEAL

My commission expires on: \_\_\_\_\_

**Mail this form *directly* to the Board office at the address above.**