



Guam Board of Allied Health Examiners

194 Hernan Cortez Avenue
 Terlaje Professional Building, Suite 213
 Hagåtña, Guam 96910-5052

CLINICAL PSYCHOLOGY INTERNSHIP FORM (for Clinical Hours* Documentation)

Following ASPPB Guidelines for Supervision

Name of Intern: _____

Clinic: _____ Address: _____

Name of Immediate Supervisor: _____ License No: CP# _____

Name of Alternate Supervisor: _____ License No: _____

*Clinical hours are subject to AUDIT. Hours Requirement: a minimum of 3,000 hours of a two-year training, upon receiving a doctorate degree.

DATE	TIME STARTED/END	HOURS CLAIMED	50% Service-Related Activities: Interviews, Assessment, Treatment Intervention, Report Writing, Case Presentation & Consultations	25% Face-to-Face Patient Contact (Initials & Chart #)	25% Face-to-Face Supervision, may include Group Setting

I do attest that I have completed the above supervised hours claimed:
 Signature of Intern/Supervisee: _____ Date: _____

I do attest that I have provided the required supervised hours as required:
 Signature of Supervisor: _____ Date: _____