

# Attestation of Psychometry Supervision and Professional Experience

**Applicant:**

Please complete Section 1 and have remaining sections completed by supervisor. Use a separate verification form for each supervisor (make copies as needed).

**Section 1 – Applicant:** (Print clearly or type)

Name	Last	First	Middle	Birth date
Address			Email:	
City		State/Province	Zip/Postal Code	

**Section 2 – Supervisor:**

The applicant above is seeking to become a Certified Specialist in Psychometry, which requires verification of supervision by a licensed psychologist or equivalent or CSP supervisor psychometrist and professional experience.

Supervisor Name	Current Phone #
	License#;
Current address	Email:
City	State/Province      Zip/Postal Code

**Section 3 – Supervision Experience:**

Applicants must meet minimum hours of professional psychometric experience and supervision. Please indicate below the months of supervision:

### Months of Supervision

From:	To:
Month / Day / Year	Month / Day / Year

Please fill in the number of hours of professional psychometric experience completed by the applicant while under your supervision. [E.g., 40hrs/wk for 50 weeks = 2000hrs/yr]

Experience	Number of Hours
Total # of hours of supervised psychometry work experience =	

**Supervisor:**

I certify the above information is, to the best of my knowledge, accurate and complete. I understand that the BCP may request additional information, if needed, to evaluate the application of the individual named on this document.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail Application, Attestation, supporting documents and payment(s) to:**

**CSP - Exam**

c/o Joan Marsh-Reed, MA, CSP  
 1604 Button Bay Road  
 Vergennes, VT 05491