

## Supplemental Attestation of Psychometry Supervision and Professional Experience

This form may be used in lieu of the standard Attestation in the event you no longer have contact with your past supervisor(s). Attempts should be made to have succeeding supervisor(s) corroborate your past experience. **With this notarized application, include two statements of attestation (Section 3) from colleagues who can corroborate your psychometric work experience – preferably by another psychometrist, psychologist or similar.**

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

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

**Section 2 – Reason for using Supplemental Attestation of Psychometry Supervision and Professional Experience.**

**Section 3 – Supplemental Attestation:**

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

**Attestation #1:**

Name	Current Phone #:
	Fax #:
Current address	Email:
City	State/Province
	Zip/Postal Code
<b>Supervision Hours</b> From: (Month/day/year) To: (Month/day/year) Months of Corroborated Supervision:	Professional relationship to applicant:
Total Number of hours of corroborated psychometry work Experience (E.g., 40hrs/wk for 50 weeks = 2000hrs/yr):	
How long have you known the applicant:	
Name and address of facility where applicant was employed:	
Signature: _____	Date: _____

**Attestation #2:**

Name	Current Phone #: Fax #:	
Current address	Email:	
City	State	Zip
<b>Supervision Hours</b> From: (Month/day/year) To: (Month/day/year) Months of Corroborated Supervision:	Professional relationship to applicant:	
Total Number of hours of corroborated psychometry work Experience (E.g., 40hrs/wk for 50 weeks = 2000hrs/yr):		
How long have you known the applicant:		
Name and address of facility where applicant was employed:		
Signature: _____ Date: _____		

**Applicant:**

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 individuals named on this document.

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

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

Please place official notary seal in box  
(including expiration date):

Mail to:

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