



College of Humanities and Social Sciences

*Department of Psychology*

P.O. Box 6846, Fullerton CA 92834-6846 / T 657-278-3514 / F 657-278-7134

## **Department of Psychology Clinical Experience Verification Form**

*To Be Completed by Applicant's Supervisor*

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_  
Please assess the applicant's performance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please assess the applicant's ability to work with clients, peers, and supervisors.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know of any reason why this person should not work clinically with individuals who have sensitive personal problems?

\_\_\_\_\_