



STATE OF TENNESSEE
 DEPARTMENT OF HEALTH
 HEALTH RELATED BOARDS
 665 MAINSTREAM DR.
 NASHVILLE, TENNESSEE 37243
 www.tennescce.gov

AFFIDAVIT OF SUPERVISOR

For: _____
Name of Applicant

License/Certification Number _____

who is licensed as a Psychologist in the State of Tennessee.

I have had the responsibility for direct supervision of the psychological services delivered by the above named licensee for the past six months.

 Signature of Supervisor

 Name of Supervisor (Please Print)

 Tennessee License Number

Subscribed and sworn before me this _____ day of _____, 20_____.

(Seal) _____
 Notary

My commission expires: _____

MS/G4015126/BPE