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Association of State and  
Provincial Psychology Boards

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Supporting member jurisdictions in fulfilling their responsibility of public protection.

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November 3, 2020

Dear Colleagues,

To deal with uncertainties, and to determine if there are any unintended consequences from the COVID-19 crisis which might impact students, applicants for licensure, and licensed or registered psychologists, the Association of State and Provincial Psychology Boards (ASPPB), in June 2020, created a workgroup to gather information on how the crisis and the post crisis, 'new normal' might affect the practice of psychology. ASPPB is concerned that, due to no fault of their own, students, applicants for licensure, and licensed or registered psychologists might experience increased difficulties getting the requisite education, training, and supervised experiences needed for licensure or meeting the requirements to maintain their license or registration.

The ASPPB COVID-19 Workgroup consists of members from ASPPB along with a representative from the Association of Canadian Psychology Regulatory Organizations (ACPRO), the Board Administrators/Registrars Committee (BARC), and the Board Chairs Committee (BCC). This group, through three virtual meetings, together began discussions with representatives from the education and training community, the professional practice community, the Canadian and U.S. regulatory community, and groups within Canadian and U.S. national psychological organizations to find out what they were hearing about unintended consequences impacting the practice of psychology, and if they had considered how to deal with these potential problems.

As a result of these meetings, the ASPPB Workgroup grew to include one representative each from the education and training community, the professional practice community, and the provincial regulatory community with the plan of developing resources for the training and practice communities to assist students to document their experiences during the pandemic in a standardized way that can be provided to psychology boards and colleges to assist in their review of credentials, educational experiences and/or practice requirements. To begin with, this group expanded on the work that recently occurred in Canada to capture education and training experiences for those students and trainees impacted by COVID-19. Specifically, the ASPPB Workgroup developed four forms that can function as resource tools to assist individuals to consistently capture the nuances that are occurring in their training programs, during practicum, internship, and in their post-doctoral experiences.

These forms are not meant to take the place of any licensure requirement or needed document, or to give the impression or promise that the completion of these forms will ensure licensing. These forms are intended, however, to assist individuals to better log information about their personal training experiences during COVID-19 and while the experiences are fresh in their minds and students and trainees are still closely working with those who can properly attest to their work and training experiences.

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President, Board of Directors – Sheila G. Young, PhD | Chief Executive Officer – Mariann Burnett-Atwell, PsyD

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As a result, the ASPPB COVID-19 Workgroup is excited to share the work they have done on this project. Please find attached four developed resource tools:

- COVID-19 Modification-Education Form
- COVID-19 Modification-Practicum Form
- COVID-19 Modification-Internship Form
- COVID-19 Modification-Post-Doctoral Experience Form

These forms can also be accessed on the ASPPB website at:

<https://www.asppb.net/page/COVID19ModificationForms>

In addition, ASPPB would like to thank those groups listed below that helped to guide the work of the Workgroup. Without the willingness of these groups to come together, these forms could not have been produced:

- APA Board of Educational Affairs
- APA Commission on Accreditation
- Committee on Early Career Psychologists
- Council of Chairs of Training Councils
- Council of Executives of State, Provincial and Territorial Psychological Association
- APA Ethics Committee
- APA of Graduate Students
- APA Office of Legal & Regulatory Policy
- APA Professional Practice
- Association of Canadian Psychology Regulatory Organizations
- Association of Counseling Center Training Agencies
- Association of Psychology Postdoctoral and Internship Centers
- Canadian Council of Professional Psychology Programs
- Canadian Psychological Association
- Council of Counseling Psychology Training Programs
- Council of Directors of School Psychology Programs
- Council of Professional Associations of Psychologists
- Council of University Directors of Clinical Psychology
- National Council of Schools and Programs of Professional Psychology
- Veterans Administration

ASPPB and the ASPPB COVID-19 Workgroup hope these documents will prove to be useful resources to you and to those you are charged to assist and support.

Respectfully,



Mariann Burnetti-Atwell, PsyD  
Chief Executive Officer, ASPPB



## COVID-19 Modifications-Graduate Education Form

*This form will serve as a standardized way for trainees and their supervisors, directors of training, and others who might be attesting to the information, to supply information to licensing boards/colleges about any accommodations or adjustments that were made during the COVID-19 pandemic. Please note that supplying the information in this format **does not guarantee** licensure in any particular jurisdiction, nor does this guarantee that an applicant has met a particular jurisdiction's requirements for licensure.*

**Applicant Name & Title:** \_\_\_\_\_

Attestor Name & Title: \_\_\_\_\_

Attestor Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Degree Information

Institution Name: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Degree: \_\_\_\_\_

### Degree Details

Date Degree Conferred: \_\_\_\_\_

Was the program American Psychological Association (APA) accredited when this student's degree was conferred? \_\_\_\_\_

Was the program Canadian Psychological Association (CPA) accredited when this student's degree was conferred? \_\_\_\_\_

Was the program ASPPB/NR Designated when this student's degree was conferred? \_\_\_\_\_

### Program Questionnaire

1. Was the graduate degree in psychology received from an institution of higher education that was regionally accredited by bodies approved by the Commission on Recognition of Postsecondary Accreditation or its successor or a member of the Association of Universities and Colleges of Canada to grant doctoral degrees at the time the applicant received his/her degree? \_\_\_\_\_ If "Yes", state the regionally accrediting body. \_\_\_\_\_



**COVID-19 Modifications-Graduate Education Form**

2. Was the program publicly identified and clearly labeled as a psychology program, specifying in pertinent institutional catalogs its intent to educate and train individuals to engage in the activities which constitute the practice of psychology? \_\_\_\_\_ If "Yes," please state the title of the program.

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3. Prior to the COVID-19 pandemic, did the program require each student to complete at least one year in full-time residence on campus at the institution from which the degree was granted? (Residence means physical presence, in person, at the educational institution in a manner that facilitates the full participation and integration of the individual in the educational and training experience and includes faculty student interaction). \_\_\_\_\_

If "No," please detail what models of instruction were used in lieu of in-person residency.

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4. Was there an identifiable full-time psychology faculty in residence at the institution, and employed by providing instruction at the home campus of the institution? \_\_\_\_\_ If "Yes," state the number of full-time psychology faculty in residence at the institution. \_\_\_\_\_

5. Was there a psychologist responsible for the graduate program either as the administrative head, or as the advisor, major professor, or committee for chair the above applicant? \_\_\_\_\_ If "Yes," provide the psychologist's name and role. \_\_\_\_\_

6. Did the program maintain clear authority and primary responsibility for the core and specialty areas whether or not the program crossed administrative lines? \_\_\_\_\_

7. Did the program have an identifiable body of students in residence at the institution who were matriculated in the program for a degree? \_\_\_\_\_

8. Did the doctoral program include supervised practicum, internship, field experience or laboratory training appropriate to the area of psychology practice that was supervised by a psychologist? \_\_\_\_\_

9. What, if any, impact did the COVID-19 pandemic have on the number of hours, length, cadence, or method of instruction for any course(s)? (Please describe the courses impacted, manner of impact, and efforts made to ensure instruction was consistent with accreditation guidelines)

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**COVID-19 Modifications-Graduate Education Form**

10. What, if any, impact did the COVID-19 pandemic have on the number of hours required for practica experiences? (Please describe the impact and efforts made to assess competency development for this student in light of the modifications.)

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11. What, if any, impact did the COVID-19 pandemic have on the method of instruction provided for psychological assessments and/or modification on the number or types of assessments required to certify the student as ready for internship? (Please describe the impact and efforts made to assess competency development for this student in light of the modifications.)

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12. What, if any, impact did the COVID-19 pandemic have on the method of instruction provided for supervision of psychological services? (Please describe the impact and efforts made to assess competency development for this student in light of the modifications.)

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13. What, if any, impact did the COVID-19 have on the method of instruction provided or experiences provided for diversity and multiculturalism? (Please describe the impact and efforts made to assess competency development for this student in light of the modifications.)

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14. What, if any, impact did the COVID-19 pandemic have on the program's requirements for a dissertation or final project? (Please describe the impact and efforts made to assess completion of the dissertation or final project in light of the modifications.)

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15. What, if any, impact did the COVID-19 pandemic have on how readiness for internship was assessed in order to complete the student's internship application? (Please describe the modifications made.)

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**COVID-19 Modifications-Graduate Education Form**

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

Date: \_\_\_\_\_

Attestor Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### COVID-19 Modifications- Practicum Form

*This form will serve as a standardized way for trainees and their supervisors, directors of training, and others who might be attesting to the information, to supply information to licensing boards/colleges about any accommodations or adjustments that were made during the COVID-19 pandemic. Please note that supplying the information in this format **does not guarantee** licensure in any particular jurisdiction, nor does this guarantee that an applicant has met a particular jurisdiction's requirements for licensure.*

**Applicant Name & Title:** \_\_\_\_\_

Direct Supervising Psychologist Name: \_\_\_\_\_

Direct Supervisor Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Practicum Site**

Name of Practicum Site: \_\_\_\_\_

Address of Practicum Site: \_\_\_\_\_

Direct Supervising Psychologist Title: \_\_\_\_\_

Direct Supervising Psychologist License Number & Jurisdiction: \_\_\_\_\_

#### **Academic Program Details**

Academic Training Director Name: \_\_\_\_\_

Training Director Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Academic Program: \_\_\_\_\_

#### **Practicum Details**

Practicum Dates: \_\_\_\_\_ to \_\_\_\_\_

Academic Term & Year: \_\_\_\_\_

Duties and Responsibilities:

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### COVID-19 Modifications- Practicum Form

What modifications, if any, were made in training due to the COVID-19 pandemic for the practicum student to accomplish these duties and responsibilities? (For example, did the practicum go from face-to-face psychotherapy to virtual psychotherapy, go from individual face-to-face supervision to virtual supervision, utilize simulated patients, and/or utilize simulated testing or have practicum student review raw testing data in lieu of face-to-face assessment?)

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#### Practicum Hours

1. Total number of weeks of practicum (excluding all leave): \_\_\_\_\_ Did the number of weeks during this training year differ from a standard practicum year? \_\_\_\_\_

Please detail any modifications made to the weeks of practicum due to the pandemic.

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2. Average number of hours per week of practicum: \_\_\_\_\_ Did the number of hours per week during this training year differ from a standard practicum year? \_\_\_\_\_

Please detail any modifications made to the number of hours per week of practicum due to the pandemic.

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3. Total number of hours of practicum: \_\_\_\_\_ Did the total number of hours during this training year differ from a standard practicum year? \_\_\_\_\_

Please detail any modifications made to the total number of hours of practicum due to the pandemic.

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4. Total hours of individual supervision from all licensed psychologists: \_\_\_\_\_ Did the total hours of individual supervision during this training year differ from a standard practicum year? \_\_\_\_\_

Please detail any modifications made to the total hours of individual supervision due to the pandemic.

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**COVID-19 Modifications- Practicum Form**

5. Total hours of group supervision from all licensed psychologists: \_\_\_\_\_ Did the total hours of group supervision during this training year differ from a standard practicum year? \_\_\_\_\_

Please detail any modifications made to the total hours of group supervision due to the pandemic.

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6. Number of hours per week of individual and group supervision from all other licensed health care professionals: \_\_\_\_\_ Did these hours during this training year differ from a standard practicum year? \_\_\_\_\_

Please detail any modifications made to the number of hours per week of individual and group supervision from all other licensed health care professionals due to the pandemic.

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7. Number of hours/week of Direct Psychological Services/Face-to-Face Patient/Client Contact: \_\_\_\_\_

Please detail any modifications made to the number of hours per week of Direct Psychological Services/Face-to-Face Patient/Client Contact due to the pandemic. Please include any modifications made to how the practicum student acquired the hours of Direct Psychological Services/Face-to-Face Patient/Client Contact (e.g., use of virtual platforms to obtain direct client hours, and/or use of simulated patients or simulated assessments to meet direct clinical hours).

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8. Number of hours per week of Indirect Psychological Services: \_\_\_\_\_

Please detail any modifications made to the number of hours per week of Indirect Psychological Services due to the pandemic. Please include any modifications to how the practicum student acquired the hours of Indirect Psychological Services (e.g., scoring and interpreting raw data rather than direct test administration, and/or use of simulated patients).

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9. Total number of hours of General Psychological Services/Support Activities completed during this practicum: \_\_\_\_\_



**COVID-19 Modifications- Practicum Form**

Please detail any modifications made to the total number of hours of General Psychological Services/Support Activities due to the pandemic. Please include any modifications to how the practicum student acquired the hours of General Psychological Services/Support Activities (e.g., increased professional development training, virtual learning opportunities to replace didactics).

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10. Percentage of total supervision provided by licensed psychologists: \_\_\_\_\_

Please detail any modifications made to the percentage of total supervision provided by licensed psychologists due to the pandemic. Please include any modifications to how supervision was provided to the practicum student (e.g., virtual supervision).

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11. Percentage of total supervision provided by all other licensed healthcare professionals: \_\_\_\_\_

Please detail any modifications made to the percentage of total supervision provided by all other licensed healthcare professionals due to the pandemic. Please include any modifications to how supervision was provided to the practicum student (e.g., virtual supervision).

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12. Were any other modifications made to the program due to the pandemic that were not captured above? If so, what were they?

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13. In what ways did adjustment to COVID-19 afford the practicum student new learning opportunities?

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14. If modifications were made to the practicum program based on the pandemic, did the program provide sufficient opportunities for this individual to demonstrate all required competencies and for the training program to fully assess those competencies? In other words, do you have sufficient data on which to base an opinion about this individual's competency in all required domains? \_\_\_\_\_



**COVID-19 Modifications- Practicum Form**

If “no,” please detail what areas you were able to assess.

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**Practicum Questionnaire**

1. Did this setting have, as part of its organizational mission, a goal of training professional psychologists? \_\_\_\_\_
2. Did this setting have a Licensed/Trained Psychologist identified as the person responsible for maintaining the integrity and quality of the experience of the practicum student? \_\_\_\_\_
3. Did the applicant's training program provide oversight for this practicum experience? \_\_\_\_\_
4. Was the practicum experience based on appropriate academic preparation of the student? \_\_\_\_\_
5. Was the practicum part of an organized, sequential series of supervised experiences of increasing complexity for the student? \_\_\_\_\_
6. Was there a written training plan between the student, the practicum training site and the graduate program? \_\_\_\_\_
7. Was the practicum training an extension of the applicant's academic coursework? \_\_\_\_\_
8. Did the student successfully complete the practicum? \_\_\_\_\_
9. If you answered “no” to any questions above, please explain.

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10. What, if any, modifications were made between the practicum site and academic program due to the pandemic?

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**COVID-19 Modifications- Practicum Form**

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

Date: \_\_\_\_\_

Directing Supervising Psychologist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director of Training Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## COVID-19 Modifications- Internship Form

*This form will serve as a standardized way for trainees and their supervisors, directors of training, and others who might be attesting to the information, to supply information to licensing boards/colleges about any accommodations or adjustments that were made during the COVID-19 pandemic. Please note that supplying the information in this format **does not guarantee** licensure in any particular jurisdiction, nor does this guarantee that an applicant has met a particular jurisdiction's requirements for licensure."*

**Applicant Name & Title:** \_\_\_\_\_

Attestor Name & Title: \_\_\_\_\_

Attestor Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Attestor License Number & Jurisdiction: \_\_\_\_\_

Primary Supervisor Name & Title: \_\_\_\_\_

Primary Supervisor Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Training Agency

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

Address of Training Agency: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Internship Details

Internship Dates: \_\_\_\_\_ to \_\_\_\_\_

Duties and Responsibilities:

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What modifications were made in training due to the COVID-19 pandemic for the intern to accomplish these duties and responsibilities? (For example, did the internship go from face-to-face psychotherapy to virtual psychotherapy, go from individual face-to-face supervision to virtual supervision, utilize simulated patients, and/or utilize simulated testing or have intern review raw testing data in lieu of face-to-face assessment?)

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**COVID-19 Modifications- Internship Form**

Was the internship American Psychological Association (APA) accredited when this intern completed training? \_\_\_\_\_

Was the internship Canadian Psychological Association (CPA) accredited when this intern completed training? \_\_\_\_\_

Was the internship a member of APPIC when this intern completed training? \_\_\_\_\_

**Internship Hours**

1. Total number of weeks of internship (excluding all leave): \_\_\_\_\_ Did the number of weeks during the 2019-2020 training year differ from a standard internship year? \_\_\_\_\_

Please detail any modifications made to the weeks of internship due to the pandemic.

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2. Average number of hours per week of internship: \_\_\_\_\_ Did the number of hours per week during the 2019-2020 training year differ from a standard internship year? \_\_\_\_\_

Please detail any modifications made to the number of hours per week of internship due to the pandemic.

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3. Total number of hours of internship: \_\_\_\_\_ Did the total number of hours during the 2019-2020 training year differ from a standard internship year? \_\_\_\_\_

Please detail any modifications made to the total number of hours of internship due to the pandemic.

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4. Total hours of individual supervision from all licensed psychologists: \_\_\_\_\_ Did the total hours of individual supervision during the 2019-2020 training year differ from a standard internship year? \_\_\_\_\_

Please detail any modifications made to the total hours of individual supervision due to the pandemic.

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**COVID-19 Modifications- Internship Form**

5. Total hours of group supervision from all licensed psychologists: \_\_\_\_\_ Did the total hours of group supervision during the 2019-2020 training year differ from a standard internship year? \_\_\_\_\_

Please detail any modifications made to the total hours of group supervision due to the pandemic.

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6. Number of hours per week of individual and group supervision from all other licensed health care professionals: \_\_\_\_\_ Did these hours during the 2019-2020 training year differ from a standard internship year? \_\_\_\_\_

Please detail any modifications made to the number of hours per week of individual and group supervision from all other licensed health care professionals due to the pandemic.

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7. Number of hours/week of Direct Psychological Services/Face-to-Face Patient/Client Contact: \_\_\_\_\_

Please detail any modifications made to the number of hours per week of Direct Psychological Services/Face-to-Face Patient/Client Contact due to the pandemic. Please include any modifications made to how the intern acquired the hours of Direct Psychological Services/Face-to-Face Patient/Client Contact (e.g., use of virtual platforms to obtain direct client hours, and/or use of simulated patients or simulated assessments to meet direct clinical hours).

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8. Number of hours per week of Indirect Psychological Services: \_\_\_\_\_

Please detail any modifications made to the number of hours per week of Indirect Psychological Services due to the pandemic. Please include any modifications to how the intern acquired the hours of Indirect Psychological Services (e.g., scoring and interpreting raw data rather than direct test administration, and/or use of simulated patients).

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9. Total number of hours of General Psychological Services/Support Activities completed during this internship: \_\_\_\_\_



**COVID-19 Modifications- Internship Form**

Please detail any modifications made to the total number of hours of General Psychological Services/Support Activities due to the pandemic. Please include any modifications to how the intern acquired the hours of General Psychological Services/Support Activities (e.g., increased professional development training, virtual learning opportunities to replace didactics).

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10. Percentage of total supervision provided by licensed psychologists: \_\_\_\_\_

Please detail any modifications made to the percentage of total supervision provided by licensed psychologists due to the pandemic. Please include any modifications to how supervision was provided to the intern (e.g., virtual supervision).

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11. Percentage of total supervision provided by all other licensed healthcare professionals: \_\_\_\_\_

Please detail any modifications made to the percentage of total supervision provided by all other licensed healthcare professionals due to the pandemic. Please include any modifications to how supervision was provided to the intern (e.g., virtual supervision).

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12. Were any other modifications made to the program due to the pandemic that were not captured above? \_\_\_\_\_

13. In what ways did adjustment to COVID-19 afford the intern new learning opportunities?

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14. If modifications were made to the internship program based on the pandemic, did the program provide sufficient opportunities for this individual to demonstrate all required competencies and for the training program to fully assess those competencies? In other words, do you have sufficient data on which to base an opinion about this individual's competency in all required domains? \_\_\_\_\_

If "no," please detail what areas you were able to assess. \_\_\_\_\_

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**COVID-19 Modifications- Internship Form**

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

Date: \_\_\_\_\_

Attestor Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### COVID-19 Modifications- Post-Doctoral Experience Form

*This form will serve as a standardized way for trainees and their supervisors, directors of training, and others who might be attesting to the information, to supply information to licensing boards/colleges about any accommodations or adjustments that were made during the COVID-19 pandemic. Please note that supplying the information in this format **does not guarantee** licensure in any particular jurisdiction, nor does this guarantee that an applicant has met a particular jurisdiction's requirements for licensure.*

**Applicant Name & Title:** \_\_\_\_\_

Attestor Name & Title: \_\_\_\_\_

Attestor Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Attestor License Number & Jurisdiction: \_\_\_\_\_

#### Training Agency

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

Address of Training Agency: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Post-Doc Details

Experience Dates: \_\_\_\_\_ to \_\_\_\_\_

Duties and Responsibilities:

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What modifications were made due to the COVID-19 pandemic for the supervisee to accomplish these duties and responsibilities? (For example, did the experience go from face-to-face psychotherapy to virtual psychotherapy, go from individual face-to-face supervision to virtual supervision, utilize simulated patients, and/or utilize simulated testing or have supervisee review raw testing data in lieu of face-to-face assessment?)

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**COVID-19 Modifications- Post-Doctoral Experience Form**

**Experience Hours**

1. Total number of weeks of experience (excluding all leave): \_\_\_\_\_ Did the number of weeks during the 2019-2020 training year differ from a standard training year? \_\_\_\_\_

Please detail any modifications made to the weeks of experience due to the pandemic.

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2. Average number of hours per week of experience: \_\_\_\_\_ Did the number of hours per week during the 2019-2020 training year differ from a standard training year? \_\_\_\_\_

Please detail any modifications made to the number of hours per week of experience due to the pandemic.

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3. Total number of hours of experience: \_\_\_\_\_ Did the total number of hours during the 2019-2020 training year differ from a standard training year? \_\_\_\_\_

Please detail any modifications made to the total number of hours of experience due to the pandemic.

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4. Total hours of individual supervision from all licensed psychologists: \_\_\_\_\_ Did the total hours of individual supervision during the 2019-2020 training year differ from a standard training year? \_\_\_\_\_

Please detail any modifications made to the total hours of individual supervision due to the pandemic.

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5. Total hours of group supervision from all licensed psychologists: \_\_\_\_\_ Did the total hours of group supervision during the 2019-2020 training year differ from a standard training year? \_\_\_\_\_

Please detail any modifications made to the total hours of group supervision due to the pandemic.

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6. Number of hours per week of individual and group supervision from all other licensed health care professionals: \_\_\_\_\_ Did these hours during the 2019-2020 training year differ from a standard training year? \_\_\_\_\_



**COVID-19 Modifications- Post-Doctoral Experience Form**

Please detail any modifications made to the number of hours per week of individual and group supervision from all other licensed health care professionals due to the pandemic.

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7. Number of hours/week of Direct Psychological Services/Face-to-Face Patient/Client Contact: \_\_\_\_\_

Please detail any modifications made to the number of hours per week of Direct Psychological Services/Face-to-Face Patient/Client Contact due to the pandemic. Please include any modifications made to how the supervisee acquired the hours of Direct Psychological Services/Face-to-Face Patient/Client Contact (e.g., use of virtual platforms to obtain direct client hours, and/or use of simulated patients or simulated assessments to meet direct clinical hours).

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8. Number of hours per week of Indirect Psychological Services: \_\_\_\_\_

Please detail any modification made to the number of hours per week of Indirect Psychological Services due to the pandemic. Please include any modifications to how the supervisee acquired the hours of Indirect Psychological Services (e.g., scoring and interpreting raw data rather than direct test administration, and/or use of simulated patients).

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9. Total number of hours of General Psychological Services/Support Activities completed during this experience: \_\_\_\_\_

Please detail any modifications made to the total number of hours of General Psychological Services/Support Activities due to the pandemic. Please include any modifications to how the supervisee acquired the hours of General Psychological Services/Support Activities (e.g., increased professional development training, virtual learning opportunities to replace didactics).

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10. Percentage of total supervision provided by licensed psychologists: \_\_\_\_\_

Please detail any modifications made to the percentage of total supervision provided by licensed psychologists due to the pandemic. Please include any modifications to how supervision was provided to the supervisee (e.g., virtual supervision).

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**COVID-19 Modifications- Post-Doctoral Experience Form**

11. Percentage of total supervision provided by all other licensed healthcare professionals: \_\_\_\_\_

Please detail any modifications made to the percentage of total supervision provided by all other licensed healthcare professionals due to the pandemic. Please include any modifications to how supervision was provided to the supervisee (e.g., virtual supervision)

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12. Were any other modifications made to the program due to the pandemic that were not captured above?

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13. In what ways did adjustment to COVID-19 afford the supervisee new learning opportunities?

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14. If modifications were made to the experience based on the pandemic, did the experience provide sufficient opportunities for this individual to demonstrate all required competencies and for the training program to fully assess those competencies? In other words, do you have sufficient data on which to base an opinion about this individual's competency in all required domains? \_\_\_\_\_

If "no," please detail what areas you were able to assess.

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

Date: \_\_\_\_\_

Attestor Signature: \_\_\_\_\_

Date: \_\_\_\_\_