

STATE OF NEVADA BOARD OF PSYCHOLOGICAL EXAMINERS
Candidate's Summary of POST DOCTORAL Experience

Candidate's Name _____

Indicate below the exact nature and extent of supervised psychological experience you have had. List most recent experience in column one, next previous in column 2, etc. You may copy this page if additional sheets are needed. Number them consecutively.

	Position 1	Position 2	Position 3
Place Address			
Title of Position Held			
Job Duties (Be Specific)			
Supervisor's Name			
Current Address			
Official Position			
Academic Degree & Field			
University			
Supervision Provided			
Individual (hrs/wk)			
Group (hrs/wk)			
Other (hrs/wk)			
Total Per Week			
Inclusive Dates & Hours Worked Per Week			
Total No. Hours Worked (Include Supervision) During Employment.			