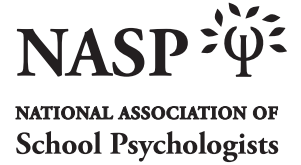


PROFESSIONAL SUPPORT VERIFICATION FORM



Applicant's Name _____
First Middle Initial Last (Other name used)

Applicant's Employer _____

Work Address _____

City _____ State _____ Zip _____

Name of Mentor/Supervisor _____

Mentor's/Supervisor's Employer _____

Start Date _____ End Date _____ Total Hours _____

THIS SECTION MUST BE COMPLETED BY MENTOR.

Did the mentee receive one academic year of professional support? [] YES [] NO

The mentor/supervisor:

Is credentialed as a school psychologist in a school setting? [] YES [] NO

OR

Is credentialed as a psychologist in a nonschool setting? [] YES [] NO

AND

Has a minimum of three years of experience as a school psychologist/psychologist? [] YES [] NO

I certify that all of the above information on this verification form is accurate and true.

Mentor/Supervisor Signature _____ Date _____ E-mail Address _____