

Psychological Testing Supervisor Verification

Student _____

Dissertation title _____

Testing date(s) _____

Role in Research

Please list the instruments used in the research and describe your role in securing and interpreting the data.

Supervising Psychologist

Name _____

Address _____

Work phone _____ Cell phone _____

Email _____

Position _____

Licensing agency _____ Date of licensure _____

By signing this document, I do hereby acknowledge that all of the information provided by me is accurate and complete and that I am adequately and appropriately trained to participate in the oversight of the above listed instruments as prescribed by Louisiana APA statute.

Signature _____ Date _____

To the supervising psychologist: Please mail this form to New Orleans Baptist Theological Seminary, Associate Dean of Research Doctoral Programs, 3939 Gentilly Blvd., New Orleans, LA 70126. An envelope has been provided for your convenience in returning this form.