

[Redacted]

July 24, 2015

Kentucky Board of Psychology Examiners
911 Leawood Drive
Frankfort, KY 40601

To Whom It May Concern,

This letter serves to establish a temporary supervision relationship between Dr. [Redacted] (supervisee) and Dr. [Redacted] (supervisor). [Redacted] is a graduate of the APA-Accredited doctoral program in counseling psychology at [Redacted]. He completed a 2000 hour APA-accredited pre-doctoral internship at the [Redacted] in [Redacted]. [Redacted] currently teaches in the [Redacted] program at [Redacted].

[Redacted] is a licensed psychologist in the Commonwealth of Kentucky (lic. # [Redacted]) who also teaches in the [Redacted] program at the [Redacted].

[Redacted] have agreed that [Redacted] will provide one hour of supervision weekly, as explicated fully in the attached Proposed Supervisory Plans and Goals form.

If you have any further questions, please do not hesitate to contact [Redacted] at [Redacted] or [Redacted] at [Redacted].

Sincerely,

[Redacted]

[Redacted]

[Redacted]