



**TEXAS BEHAVIORAL HEALTH
EXECUTIVE COUNCIL**

333 Guadalupe, Suite 3-900
Austin, Texas 78701
Tel.: (512) 305-7700

For Agency Use Only

**DOCUMENTATION OF SUPERVISED EXPERIENCE -
APPLICATION FOR LICENSED PSYCHOLOGICAL ASSOCIATE**

The below-named applicant is seeking licensure with the Texas Behavioral Health Executive Council. The following information is needed in order to confirm that the applicant has completed the required supervision which meets the requirements under 22 TAC 463.8. Please respond as quickly as possible so that agency staff can consider the applicant's qualifications without undue delay.

SUPERVISOR INFORMATION	
Name:	ANA MARIA PERALES BLASCO
Mailing Address:	C/NAVARRA, 8 BAJO
	46008 - VALENCIA (ESPAÑA)
Primary Phone No.: +34 960054266	Alternate Phone No.: +34 652504558
Email Address: ana@institutoperales.com	
Psychologist License No.: CV03377	
Primary Area(s) of Practice: PSICOLOGÍA CLINICA	

SUPERVISEE INFORMATION	
Name:	RACHEL MCVEATAYLOR
Name and Address of Primary Facility or Office Where the Supervised Experience Occurred:	C/NAVARRA, 8 BAJO
	46008 - VALENCIA (ESPAÑA)

Did you provide this individual with at least six (6) semester credit hours of practicum, internship, or other structured experience in the delivery of psychological services?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "no" above, please indicate how many semester credit hours of practicum, internship, or other structured experience in the delivery of psychological services you did provide to this individual.	
Was the supervised experience a requirement or part of the supervisee's graduate degree program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Please identify the time period when the supervision was provided. <div style="text-align: center;"> <u>09/01/2022</u> to <u>10/01/2022</u> (MM/DD/YY) (MM/DD/YY) </div>	
Were you a faculty member or training director associated with the supervisee's graduate degree program during the period of supervision? <i>If not, please describe the nature of your professional relationship with the supervisee in the space below.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Were you actively licensed during the period of supervision?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was your license restricted at any time during the period of supervision?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was the supervisee related to you within the second degree of affinity (marriage) or consanguinity (blood) during the period of supervision?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Were all patients/clients informed that the supervisee and all aspects of his or her work were being supervised?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Did the supervisee have the experience, skill, and training appropriate to the functions performed during the period of supervision?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Did you provide supervision in accordance with 22 TAC 465.2? <i>If not, please attach a written explanation regarding the aspects of your supervision which did not comply with 22 TAC 465.2, together with an explanation for why the supervision did not comply with the rule.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Are there any psychological services that you believe this supervisee is not qualified to deliver?</p> <p><i>If so, please attach a written explanation identifying those psychological services that you believe this supervisee is not qualified to deliver.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Do you believe this supervisee is physically and mentally competent to deliver psychological services as a licensed psychological associate?</p> <p><i>If not, please attach a written explanation supporting your response.</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have any reservations concerning this supervisee's ethical, professional, or personal qualifications for supervised practice?</p> <p><i>If so, please attach a written explanation describing your reservations and the basis for them.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

SIGNATURE AND ACKNOWLEDGEMENT	
<p>I acknowledge that the information provided herein is true and correct and that any misrepresentation may constitute a criminal violation under Tex. Penal Code §37.10.</p> <p>I understand that the Public Information Act is enforced as required by state law.</p> <p>Please return this completed form to the supervisee.</p>	
<p>Supervisor's Signature: ANA MARIA PERALES BLASCO</p>	<p>Date: 10/04/2022</p>

