



DECLARATION OF DIAGNOSTICS

Name supervisor: _____

Working at: _____

Position: _____

Phone: _____

supervisor psychodiagnostics on account of:

- *Registration as registered psychologist or clinical psychologist or licensed psychologist (according to the prevailing national law) with at least 3 years work experience as such*

hereby declares that

Name of candidate: _____

Date of birth: _____

In the period from: _____ until _____

has met the requirement of 3 case studies psychodiagnostics under supervision of abovementioned supervisor.

City

Date

Signature
