



**BOARD OF MEDICAL QUALITY ASSURANCE
PSYCHOLOGY EXAMINING COMMITTEE**

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825
TELEPHONE: (916) 920-6383



Date:

Supervisor

Supervisor's Phone: (818) 786-9278

Name: Marvin W. Colter, Ph.D.
Address: 13756 Bessemer St.
City & State: Van Nuys, CA 91401

Marvin W. Colter, Ph.D.
15842 E. Russell St.
Whittier, CA 90603

The Psychology Examining Committee has received an application for a license as a psychologist from the applicant named below.

Your name has been submitted by the applicant as a person who has supervised his or her professional experience as a psychologist. (Three thousand hours of supervised professional experience are required for licensure.)

We would appreciate your providing the Committee with the information requested below and returning this form directly to the committee at the above address. Please be sure to verify all hours worked under your supervision.

Applicant

Name: Dianne Ruth Little, Ph.D.
Address: 256 S. Robertson Blvd.
City & State: Beverly Hills, CA 90211

NOTE: Under the Information Practices Act, the information contained in this document may be released upon request by the individual to whom it pertains. This information, however, will not be released to the general public. We encourage each supervisor to be candid and forthright in their evaluation of a candidate for licensure inasmuch as the supervised professional experience must be completed in a manner satisfactory to the Committee. Section 43.8 of the Civil Code provides immunity for communications made to the Committee which aid it in the evaluation of the qualifications of a candidate so long as the statements made herein do not represent as true any matter not reasonably believed to be true.

VERIFICATION OF EXPERIENCE

(Please print or type — Use Additional Sheet if Necessary)

<p>1. List place or places where the applicant engaged in professional experience under your supervision. If the place the actual supervision of the applicant took place is different, please so indicate and clarify.</p> <p>13756 Bessemer St., Van Nuys, CA 91401</p> <p>15842 E. Russell St., Whittier, CA 90603</p>											
<p>2. List titles, degrees, licenses or certificates you held during supervision of the applicant:</p> <table border="1"> <thead> <tr> <th>TITLE</th> <th>DEGREE, FIELD, DATE AND UNIVERSITY</th> <th>STATE LIC. OR CERT. NO. TYPE OF LIC. AND DATE RECEIVED</th> </tr> </thead> <tbody> <tr> <td>Clinical Psychologist</td> <td>Ph.D., Clinical Psychol. Boston Univ., 1965</td> <td>PS 2959 Clinical Psychologist, 1967</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			TITLE	DEGREE, FIELD, DATE AND UNIVERSITY	STATE LIC. OR CERT. NO. TYPE OF LIC. AND DATE RECEIVED	Clinical Psychologist	Ph.D., Clinical Psychol. Boston Univ., 1965	PS 2959 Clinical Psychologist, 1967			
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Clinical Psychologist	Ph.D., Clinical Psychol. Boston Univ., 1965	PS 2959 Clinical Psychologist, 1967									
<p>3. What title did applicant hold during period of supervision?</p> <p>psychological assistant</p>											
<p>4. Were you engaged in rendering professional services at least (50%) of the time in the same work setting in which the person supervised was obtaining supervised professional experience? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>											

5. Describe below, in detail, the training program and/or psychological duties of applicant.

(a) Description of Psychological Duties performed under your supervision:

Individual psychotherapy and counseling, clinical hypnotherapy/hypnoanalysis, psychological testing, psychological diagnostic assessments, and treatment planning; couples and relationship counseling, marriage and family therapy; groups and workshops; crisis intervention, short and long-term therapy.

(b) Hours worked including supervision:

DATES		NUMBERS OF HOURS PER WEEK	NUMBER OF WEEKS	TOTAL DURING ENTIRE PERIOD VERIFIED
FROM MO - DAY - YEAR	THROUGH MO - DAY - YEAR			
9/15/88	2/22/90	40	75	3000

(c) Detailed Breakdown of Supervision:

(Note: If evaluated under section 1387 of the Psychology Regulations, supervision must total 10% of hours worked.)

TYPE OF SUPERVISION	HOURS PER WEEK	SUPERVISOR(S) INCLUDING PERSON FILLING OUT FORM
INDIVIDUAL	4	Marvin W. Colter, Ph.D.
GROUP		
OTHER (Specify)		
TOTAL		

6. Was the supervision of the applicant part of the duties you were assigned in the work setting described in No. 1? YES NO

7. Were you paid by the applicant to supervise him/her? YES NO

8. Was the applicant's professional identity that of: (Circle appropriate identity)

a psychologist, psychological assistant, registered psychologist, psychological intern, trainee

during the period of your supervision? If other, please list.

9. I would rate this applicant's performance under my supervision as:

ACCEPTABLE NOT ACCEPTABLE UNABLE TO EVALUATE

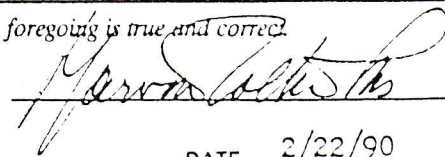
10. REMARKS: The Committee will appreciate any amplifying information regarding your evaluation in Item 9 above. Please include any other information you consider to be relevant on a separate page.

I have examined this applicant's academic and training records and I have determined that the supervised experience I am verifying herein is in the same field of psychology as is this applicant's education and training. I determine this training to be in the clinical field of psychology. I have also determined that my own training and experience qualifies me to supervise in this area of psychology.

I declare under penalty of perjury under the laws of the State of California that all of the foregoing is true and correct.

COUNTY, STATE Los Angeles County, California

SIGNATURE



PROFESSIONAL STATUS Clinical Psychologist

DATE 2/22/90