

## DECLARATION OF WORK EXPERIENCE

Name:		
Position:		
Institute:		
Phone:		
hereby declares that		
Name of candidate:		
Date of birth:		
In the period from:	until	
has met the requirem	nts of at least 520 hours of postmaster clinical work experienc	e:
	nts or client systems has taken place in the field of diagnostic	s,
indication assessmen	and treatment (explanation on page 2 of this document).	
City	Date	
Signature		

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The following assumptions apply to the completion of the work:

- the work must include at least 520 hours spent in diagnostics, indication assessment and treatment:
  - o at least 20% of the time must be spent on actively carrying out diagnostics en indication assessment (the remaining 80% must then be spent on treatment)
  - o at least 20% of the time must be spent on actively carrying out treatments (the remaining 80% must then be spent on diagnostics en indication assessment)
- under diagnostics and indication assessment is meant:
  - o performing intakes
  - o understanding the complaint
  - o psycho diagnostics using test and interviews
  - o taking an anamnesis
- treatment includes:
  - o supervision
  - o support
  - o assignments discussion
- part of the work may consist of the passive observing of clinical activities, but this part may not exceed 40% of the total work. For the remainder of the time (at least 60%), candidates must actively participate in clinical work.

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