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Informed Consent regarding Postdoctoral Residency Status

I understand that my psychological services will be provided by a doctoral-level psychology resident under the direct supervision of a licensed psychologist. A psychology resident has completed all the educational requirements (which includes both assessment and treatment experience with clients) necessary for licensure as a psychologist and has completed a one-year internship.

Dr. Veronica Steller is a postdoctoral resident who received her PsyD from the American Psychological Association (APA) Accredited Program at William James College in Clinical Psychology in Newton, Massachusetts. She completed an APA-Accredited predoctoral internship at Geisinger Medical Center, a hospital facility in Wilkes-Barre, Pennsylvania. Dr. Steller has experience in a variety of settings including: outpatient community mental health facilities, comprehensive pain clinics, Veteran Medical Centers, inpatient and outpatient hospital units, and public schools. These experiences have helped to strengthen her skills in assessment, individual and group psychotherapy, and hospital-based interventions. Dr. Steller is experienced in working with adults and children.

Dr. Steller is currently working under the direct supervision of Dr. Sheba Katz, Licensed Psychologist (PY8046) and Licensed School Psychologist (SS1051). Dr. Katz is kept informed of all the services performed by Dr. Steller and weekly supervision sessions are maintained. Psychological records, including diagnosis, evaluation, progress notes and treatment are reviewed, approved, and co-signed by this supervising psychologist. Dr. Katz may be contacted at 239-247-1756.

I _____ voluntarily give consent to receive psychological services from Veronica Steller, PsyD, postdoctoral resident at Katz Counseling and Educational Psychology for the purposes of psychological services. (*If applicable*: This consent also includes psychological services for my child/children _____).

Name of client (if a minor)

Signature of adult client or parent/guardian of client

Date