

Board of Behavioral Sciences

1625 North Market Blvd., Suite S200, Sacramento, CA 95834

Telephone: (916) 574-7830

www.bbs.ca.gov**SUPERVISION AGREEMENT****Between the Supervisor and Supervisee****Required for NEW supervisory relationships entered into on or after January 1, 2022**

Any licensed mental health professional who provides supervision (whether as a primary supervisor or other supervisor) to any person gaining hours of experience toward LMFT, LCSW or LPCC licensure is required by law, along with the supervisee, to complete all part of this agreement within 60 days of the commencement of supervision. The supervisee shall retain the signed form and provide the original agreement when applying for licensure. Please read the [Notice on Collection of Personal Information](#).

Note: This agreement does not contain an exhaustive list of all legal requirements pertaining to supervision. Full legal text is available in the [Statutes and Regulations](#). Legal citations are provided in the accompanying [Supervision Agreement – Index of Legal Citations](#).

Supervisee's Name: Last	First	Middle
Date Supervisory Relationship Established:		
SUPERVISEE'S CURRENT STATUS <i>(as of the date this agreement is signed)</i> :		
<input type="checkbox"/> MFT Trainee <input type="checkbox"/> AMFT <input type="checkbox"/> ASW <input type="checkbox"/> APCC		
<input type="checkbox"/> Associate Applicant: Date Applied: _____ BBS File No. (if known): _____		
<input type="checkbox"/> Registered Associate Number: _____ Date Issued: _____		

PART I – TO BE COMPLETED BY SUPERVISOR**A. SUPERVISOR QUALIFICATIONS**

Supervisor's Name: Last	First	Middle
Supervisor's Employer Name and Address		
License Type: <input type="checkbox"/> LMFT <input type="checkbox"/> LCSW <input type="checkbox"/> LPCC <input type="checkbox"/> LEP <input type="checkbox"/> Licensed Clinical Psychologist <input type="checkbox"/> Physician Board-Certified in Psychiatry by the American Board of Psychiatry and Neurology		
California License Number	Date Issued	Expiration Date
If licensed less than two years in California provide your equivalent out-of-state license information:		
State	License Type	License Number
		Date Issued

Supervisor's Name: Last	First	Middle
Supervisee's Name: Last	First	Middle

A. SUPERVISOR QUALIFICATIONS (continued)

Have you been issued any of the following "approved supervisor" designations? Yes No

*If YES, • Mark the box next to the type of certification held; • List the date issued and
• SKIP questions 5 and 6 below.*

American Association for Marriage and Family Therapy (AAMFT): Date Issued: _____

American Board of Examiners in Clinical Social Work (ABECSW): Date Issued: _____

California Association of Marriage and Family Therapists (CAMFT): Date Issued: _____

Center for Credentialing and Education (CCE): Date Issued: _____

	Supervisor Initials
1. I have and shall maintain a current and active California license that is in good standing and not under suspension or probation.	
2. I will immediately notify the supervisee of any disciplinary action taken against my license or any lapse in licensure that affects my ability or right to practice or supervise as specified in law.	
3. I have held an active license for at least two (2) of the past five (5) years immediately prior to commencing supervision.	
4. I have either practiced psychotherapy (or psychological counseling if an LEP) or provided direct clinical supervision of qualifying supervisees who perform psychotherapy for at least two (2) years within the five (5) year period immediately prior to commencing supervision.	
5. I have completed the initial supervisor training/coursework that was required at the time I began supervising (or will complete it within 60 days of commencing supervision).*	
6. I have completed (or if not yet required, will complete) six (6) hours of continuing professional development (CPD) in supervision during each subsequent license renewal period.*	
7. I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise individuals gaining experience toward licensure.	

** Supervisors who are a Clinical Psychologist or Physician or who hold an approved supervisor certification are not required to comply with 5 and 6.*

Supervisor's Name:	Last	First	Middle
Supervisee's Name:	Last	First	Middle

A. SUPERVISOR QUALIFICATIONS (continued)

	Supervisor Initials
8. I have had sufficient experience, training, and education in the profession for which the supervisee is pursuing licensure, to competently practice that profession in California.	
9. I know and understand the laws and regulations pertaining to supervision and the experience required for licensure.	
10. I will keep myself informed about developments in the profession for which the supervisee is pursuing licensure and in California law governing its practice.	
11. I shall be competent in the areas of clinical practice and techniques being supervised.	
12. I have not ever provided therapeutic services to the supervisee, I am not a spouse, domestic partner or relative of the supervisee, and I do not currently have, nor previously had a personal, professional, or business relationship with the supervisee that undermines the authority or effectiveness of supervision.	
13. I have submitted or will submit a <i>Supervisor Self-Assessment</i> report to the Board.	

B. EMPLOYMENT AND WORK SETTING REQUIREMENTS

	Supervisor Initials
14. I shall not provide supervision unless the supervisee works in a setting that meets all of the following: <ul style="list-style-type: none"> • Lawfully and regularly provides mental health counseling or psychotherapy; • Provides oversight to ensure that the supervisee's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession; and • If the supervisee has not yet been issued an associate registration, the setting shall not be a private practice or professional corporation. 	
15. I understand that my supervisee may not do any of the following: <ul style="list-style-type: none"> • Receive any remuneration from patients or clients and only be paid by the employer; • Have a proprietary interest in the employers' business; or • Lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of the supervisee's employer. 	

Supervisor's Name: Last	First	Middle
Supervisee's Name: Last	First	Middle

B. EMPLOYMENT AND WORK SETTING REQUIREMENTS (continued)

	Supervisor Initials
16. I shall ensure that the supervisee is employed as a W-2 employee or a volunteer, and not as an independent contractor.	
17. I understand that my supervisee may only perform mental health and related services at the places where their employer permits business to be conducted.	
18. If I am not employed by the same employer as my supervisee, or if I serve as a voluntary supervisor, a written agreement shall be executed between myself and the organization as specified in law and provided to the supervisee.	
19. If the registered associate will be working in a private practice or professional corporation, I understand that I as the supervisor must (1) be employed or contracted by the associate's employer or be an owner of the practice, and (2) either provide psychotherapeutic services to clients for the associate's employer or have a written contract with the associate's employer that provides me with the same access to the associate's clinical records as is provided to employees of the associate's employer.	
20. If my supervisee has been placed by a temporary staffing agency, I shall ensure compliance with the laws pertaining to temporary staffing agency placements.	

C. SUPERVISION REQUIREMENTS

	Supervisor Initials
21. I shall ensure my supervisee's compliance with the laws and regulations governing practice.	
22. I understand that "Supervision" means responsibility for, and control of, the quality of mental health and related services provided by the supervisee.	
23. I understand that consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience	
24. If supervising in a nonexempt setting, I shall not serve as an individual or triadic supervisor for more than six supervisees at any time.	
25. I agree to provide the amount and type of direct supervisor contact as required by law.	

Supervisor's Name:	Last	First	Middle
Supervisee's Name:	Last	First	Middle

C. SUPERVISION REQUIREMENTS (continued)

	Supervisor Initials
26. When conducting group supervision, I shall ensure that the amount and degree of supervision is appropriate to each supervisee's needs.	
27. I shall sign the supervisee's experience log on a weekly basis, and shall verify the supervisee's completed experience hours at the completion of supervision.	
28. I shall provide written procedures to the supervisee for contacting the supervisor and an alternative on-call supervisor to assist in handling crises and emergencies.	
29. If I am an LEP, I agree to only supervise the provision of educationally related mental health services that are consistent with my scope of practice as an LEP.	

D. OTHER SUPERVISOR REQUIREMENTS

	Supervisor Initials
30. I shall obtain from the supervisee the name, address and telephone number of the supervisee's most recent supervisor and employer.	
31. Upon written request of the Board, I shall provide to the Board any documentation which verifies my compliance with supervisor requirements.	
32. I shall self-monitor for and address supervision dynamics such as, but not limited to, countertransference-, intrapsychic-, interpersonal-, or trauma-related issues that may affect supervision.	
33. I shall give at least (1) one week's prior written notice to a supervisee of my intent not to sign for any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where required supervision was provided.	

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing information and that I meet all criteria stated herein.

Supervisor's Signature	Date signed
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Supervisor's Name: Last	First	Middle
Supervisee's Name: Last	First	Middle

PART II - TO BE COMPLETED BY SUPERVISEE

	Supervisee Initials
1. I understand that I must meet all requirements of the licensing law for the profession I am pursuing in order to engage in practice with clients.	
2. I shall only provide services at the place(s) where my employer allows business to be conducted.	
3. I understand that I must possess an active Associate registration to provide clinical services in a private practice or professional corporation.	
4. I understand that I must possess an active Associate registration to earn postdegree experience in any setting unless the law provides an exception (<i>see Index for specific exceptions</i>).	
5. I understand that my supervisor must maintain a current and active California license in good standing while supervising, and that any hours gained during the time my supervisor's license is lapsed will not count toward licensure.	
6. I understand that I must be employed as either a W-2 employee or a volunteer, and not as an independent contractor, and must provide my W-2 or letter verifying volunteer status with my <i>Application for Licensure</i> .	
7. I understand that my supervisor must sign my experience log on a weekly basis, and must also sign for my completed experience hours at the completion of supervision in order for my experience to count toward licensure.	
8. I understand that all hours of experience must be completed within the six (6)-year period immediately preceding submission of my <i>Application for Licensure</i> (with the exception of 500 supervised practicum hours for LMFT applicants).	
9. I understand that I may NOT do any of the following: <ul style="list-style-type: none"> • Receive any remuneration from patients or clients and only be paid by my employer; • Have a proprietary interest in my employers' business; or • Lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of my employer. 	

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing information.

Supervisee's Signature	Date signed
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Supervisor's Name: Last	First	Middle
Supervisee's Name: Last	First	Middle

PART III – TO BE COMPLETED BY SUPERVISOR AND SUPERVISEE

Supervisory Plan

Within 60 days of commencing supervision, the supervisor and supervisee are required by law to collaboratively develop a supervisory plan that describes the goals and objectives of supervision. *If you are not the supervisee's primary supervisor, you may either develop a separate plan or use the same plan as the primary supervisor. Attach additional pages if needed.*

DESCRIBE THE GOALS AND OBJECTIVES OF SUPERVISION BELOW:

Supervisor's Name: Last	First	Middle
Supervisee's Name: Last	First	Middle

PART III - Supervisory Plan (continued)

By signing below, I acknowledge that this Supervisory Plan was developed collaboratively with the supervisee. I also understand that I am required to do all of the following:

1. Complete an assessment of the ongoing strengths and limitations of the supervisee at least once a year and at the completion or termination of supervision, and provide a copy to the supervisee.
2. Ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.
3. Monitor and evaluate assessment, diagnosis, and treatment decisions of the supervisee and provide regular feedback.
4. Monitor and evaluate the ability of the supervisee to provide services at the site(s) where the supervisee will be practicing and to the particular clientele being served.
5. Monitoring and addressing clinical dynamics, including, but not limited to, countertransference, intrapsychic-, interpersonal-, or trauma-related issues that may affect the supervisory or practitioner-patient relationship.
6. Review progress notes, process notes, and other treatment records.
7. Directly observe therapy, or review audio or video recordings of therapy, in an amount I deem appropriate, with the client's written consent.

Supervisor's Signature	Date signed
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By signing below, I acknowledge that this Supervisory Plan was developed collaboratively with my supervisor.

Supervisee's Signature	Date signed
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