



# 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 parts of this agreement within 60 days of the commencement of supervision.

**The supervisee shall retain all pages of the signed Supervision Agreement form (including the Supervisory Plan pages) and provide the originals to the Board when applying for licensure.**

**It is crucial that the supervisor and supervisee carefully read this document to ensure an understanding of supervision requirements. Failure to comply with any requirement may result in a supervisee losing hours of experience, and in some cases may result in the supervisor’s referral to the Board’s enforcement unit.**

**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](#). Please read the [Notice on Collection of Personal Information](#).

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: _____		
Supervisor’s Name:      Last	First	Middle
Supervisor’s Employer Name		
Supervisor’s Employer’s Address		

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

**PART I – TO BE COMPLETED BY SUPERVISOR**

**A. SUPERVISOR QUALIFICATIONS**

Supervisor's License Type:  LMFT  LCSW  LPCC  LEP  Licensed Psychologist  
 Physician Board-Certified in Psychiatry by the American Board of Psychiatry and Neurology

California License Number	Date Issued	Expiration Date
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If licensed less than two years in California provide your equivalent out-of-state license information:

State	License Type	License Number	Date Issued
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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 on the next page.*

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: \_\_\_\_\_

	<b>Supervisor Initials</b>
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.	

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

### A. SUPERVISOR QUALIFICATIONS (continued)

	Supervisor Initials
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.*	

\* Supervisors who are a Psychologist or Psychiatrist, or another type of licensee who holds an approved supervisor designation, are not required to comply with 5 and 6 above.

	Supervisor Initials
7. I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise individuals gaining experience toward licensure.	
8. I have had sufficient experience, training, and education necessary to competently practice, in California, the profession for which the supervisee is seeking licensure.	
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 seeking 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 (one-time) <a href="#">Supervisor Self-Assessment report</a> to the Board within 60 days of commencing supervision for the first time.	

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

## B. EMPLOYMENT AND WORK SETTING REQUIREMENTS

	Supervisor Initials
<p>14. I shall not provide supervision unless the supervisee works in a setting that meets all of the following:</p> <ul style="list-style-type: none"> <li>• Lawfully and regularly provides mental health counseling or psychotherapy;</li> <li>• 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</li> <li>• If the supervisee has not yet been issued an associate registration, the setting shall not be a private practice or professional corporation.</li> </ul>	
<p>15. I understand that my supervisee may not do any of the following:</p> <ul style="list-style-type: none"> <li>• Receive any remuneration from patients or clients and only be paid by the employer;</li> <li>• Have a proprietary interest in the employers' business; or</li> <li>• Lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of the supervisee's employer.</li> </ul>	
<p>16. I shall ensure that the supervisee is employed as a W-2 employee or a volunteer, and not as an independent contractor.</p>	
<p>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.</p>	
<p>18. If I am not employed by the same employer as my supervisee, or if I serve as a voluntary supervisor, a <a href="#">written oversight agreement</a> shall be executed between myself and the organization as specified in law and provided to the supervisee.</p>	
<p>19. I understand that an Associate registration must be renewed yearly by the expiration for the Associate's hours to count, and that the registration may only be renewed five (5) times.</p>	
<p>20. I understand that, after holding an Associate's registration for six (6) years, the Associate must apply for and obtain a subsequent Associate registration number in order to continue gaining experience hours toward licensure.</p>	
<p>21. I understand that Associates who hold a subsequent registration are prohibited from working in a private practice or professional corporation.</p>	

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

**B. EMPLOYMENT AND WORK SETTING REQUIREMENTS (continued)**

	Supervisor Initials
<p>22. If the registered Associate will be working in a private practice or professional corporation, I understand that I as the supervisor must meet all of the following requirements:</p> <p>(1) Be employed by or contracted by the Associate's employer OR be an owner of the practice; and</p> <p>(2) Meet one of the following:</p> <p>(A) I provide psychotherapeutic services to clients for the Associate's employer OR</p> <p>(B) I 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 AND the associate's clients authorize the release of their clinical records to me.</p>	
<p>23. If my supervisee has been placed by a temporary staffing agency, I shall ensure compliance with the laws pertaining to temporary staffing agency placements as specified in Title 16, California Code of Regulations <a href="#">section 1820.3</a>.</p>	

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

### C. SUPERVISION REQUIREMENTS

	Supervisor Initials
24. I shall ensure my supervisee's compliance with the laws and regulations governing practice.	
25. I understand that "supervision" means responsibility for, and control of, the quality of mental health and related services provided by the supervisee.	
26. I understand that consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience	
27. I understand that if I am supervising in a nonexempt setting, I shall not serve as an individual or triadic supervisor for more than six (6) supervisees receiving supervision for providing clinical mental health services who are not fully licensed at the highest level for independent clinical practice.	
28. I agree to provide the amount and type of direct supervisor contact as required by law.	
29. When conducting group supervision, I shall ensure that the group consists of no more than eight (8) persons receiving supervision for providing clinical mental health services and shall ensure that the amount and degree of supervision is appropriate for each person in the group.	
30. Within 60 days of commencing supervision via videoconferencing I shall conduct a meeting with the supervisee to assess the appropriateness of allowing the supervisee to receive supervision via videoconferencing. I shall document the results of the assessment and shall not utilize supervision via videoconferencing if my assessment finds it is not appropriate	
31. 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.	
32. I shall provide written procedures to the supervisee for contacting myself and an alternative on-call supervisor to assist in handling crises and emergencies.	
33. 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.	

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

**D. OTHER SUPERVISOR REQUIREMENTS**

	Supervisor Initials
34. I shall obtain from the supervisee the name, address and telephone number of the supervisee's most recent supervisor and employer.	
35. Upon written request of the Board, I shall provide to the Board any documentation which verifies my compliance with supervisor requirements.	
36. 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.	
37. 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 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 (see <a href="#">Index</a> for specific exceptions).	
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, for hours to count toward licensure, 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.	
8. I understand that, for hours to count toward licensure, experience must have been completed within the six (6)-year period immediately preceding submission of my <i>Application for Licensure</i> to the Board (except for 500 supervised practicum hours for LMFT applicants).	

\*The Board recommends that supervisees periodically check their supervisor's license status at <https://search.dca.ca.gov/>.

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

**PART II - TO BE COMPLETED BY SUPERVISEE (continued)**

	Supervisee Initials
<p>9. I understand that I may NOT do any of the following:</p> <ul style="list-style-type: none"> <li>• Receive any remuneration from patients or clients and only be paid by my employer;</li> <li>• Have a proprietary interest in my employers' business; or</li> <li>• Lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of my employer.</li> </ul>	

***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 & 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 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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