

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

Mail Code 1982
PO Box 149347
Austin, Texas 78714-9347
(512) 834-6658

SUPERVISORY AGREEMENT FORM

Complete Both Sides: Incomplete Forms Will Not Be Processed

PLEASE READ BEFORE COMPLETING. To be completed by individuals who are applying for a temporary license or LPC-Interns who are changing supervisors and/or sites. [The intern will receive a letter stating the additional site/supervisor is approved. The issuance of the temporary license shows approval of the initial supervisor agreement forms.]

THIS IS NOT A CONTRACT BETWEEN SUPERVISEE AND SUPERVISOR.

APPLICANT INFORMATION

Name: _____
Last Name First Name M.I.

Social Security Number: _____ - _____ - _____ Telephone #: _____

Preferred Mailing Address: _____
Street Name City State Zip

SUPERVISORY INFORMATION: Complete a new form for each additional supervisor and/or site. Refer to board rule §681.93 for information related to board acceptable supervisors.

Name: _____
Last Name First Name M.I.

License #: _____ Issued: _____ Expiration Date _____

Preferred Mailing Address: _____
Street Name City State Zip

INFORMATION RELATED TO SUPERVISED EXPERIENCE

Name of organization or agency where experience will be gained (Complete separate form for each setting):

Address of organization or agency: _____
Street Name City State Zip

Average Number of Hours Expected To Be Gained Per Week: _____

Type of Setting: Private Practice ___ Hospital ___ School ___ Volunteer ___ Other ___ Government Agency ___
Nonprofit ___ Other ___

Type of Counseling Experience to Be Gained (Check all that apply)

General ___ Group ___ Marriage & Family ___ Drug & Alcohol ___ Career & Vocational ___

Rehabilitation ___ Academic ___ Child & Adolescent ___ Art Therapy ___ Other ___

Is the supervision actual face to face ___yes ___no, or live internet web cam? ___yes, ___no

APPLICANT AND SUPERVISOR SHOULD KEEP A COPY OF THIS FORM FOR RECORDS

I, as applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

I have read the board rules related to supervised experience and that all supervised experience will be completed in accordance with board rules.

I will meet with my supervisor an average of one hour during each week of documented supervised experience. I understand that no more than 50% of the total hours of supervision can be live Internet webcam supervision and no more than 50% of the total hours of supervision may be received in group supervision.

I will abide by all rules of the board, including ethics requirements.

I understand the temporary license does not give me the authority to engage in the independent practice of counseling.

I understand the temporary license is only valid while I practice under supervision.

I understand the temporary license is invalid if I fail two consecutive examinations for licensure.

I will notify the board if this supervisory arrangement is terminated.

It is my responsibility to ensure that my supervisor has renewed their supervisor status.

I have attached a copy of my supervisor's renewal card with this document.

I understand any additional supervisors and settings must be approved by the board in advance. I also understand that if I have not received a letter stating the site/supervisor is approved I will contact the board regarding this issue. The issuance of the temporary license shows approval of the initial supervisor agreement forms

Signature of Applicant

Date

I, as the board approved supervisor of the above named applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

All supervised experience will be completed in accordance with Subchapter C and F of the board rules related to the Code of Ethics and supervised experience and all subsequent board rules.

I will provide supervision to the above named applicant for an average of one hour during each week of documented experience.

I understand the full professional responsibility for services of the supervisee shall rest with the supervisor.

I understand that the supervisee cannot engage in the independent practice of counseling until he or she obtains a regular license.

I understand the supervisory arrangement must be reflected on all billing documents.

I understand the supervisory arrangement is only valid while my license remains current.

I will notify the board if the supervisory arrangement is terminated.

I will keep my supervisor status current and that it is my responsibility to inform the intern should my supervisor status lapse.

I have supplied my interns with a copy of my renewal card to submit with this form.

I will verify that my intern has received approval for the site/supervisor before the supervision begins. I understand that no hours will count for the intern if required documentation is not received in the board office.

Signature of Supervisor

Date

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)