

**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\_\_\_

**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 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