

Texas State Board of Examiners of Professional Counselors

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

SUPERVISORY AGREEMENT FORM

This is not a contract between supervisee and supervisor.

This form is for individuals applying for an LPC Intern license. You and your prospective supervisor shall fill this form out together. The supervisor is responsible for sending this form, along with his/her current renewal license card, to the address above.

You will not receive a separate letter approving this site. The issuance of the LPC Intern license represents approval of the initial supervisor agreement form. I also understand that it is my responsibility to verify on the board's website that the site/supervisor is approved.

Please Complete Both Sides: Incomplete Forms Will Not Be Processed

APPLICANT INFORMATION

Name: _____
Last Name First Name M.I.

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

Preferred Mailing Address: _____
Street Name City State Zip

SUPERVISOR INFORMATION: A copy of the supervisor's renewal card must be submitted with this form. Refer to board rule Title 22 TAC §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 and address of organization/agency where experience will be gained. To be determined

Complete separate form for each setting _____

Type of Setting: Private Practice___ Hospital___ School___ Volunteer___ Government Agency___
Nonprofit___ Other___ **Average Number of Hours Expected To Be Gained Per Week:** _____

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 **Live internet web cam?** __YES __NO

APPLICANT AND SUPERVISOR MUST 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: (mark an X by each statement verifying it has been reviewed)

- 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 four times per month 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 LPC Intern license does not give me the authority to engage in the independent practice of counseling. This must be very clearly presented to the public.
- I understand the LPC Intern license is only valid while I practice under supervision.
- I will notify the board if this supervisory arrangement is terminated.
- I have verified that my supervisor has attached a copy of his/her supervisor's renewal card with this document.

_____ I understand that an Intern Supervisor/Site Change Form must be sent to the board and approved by the board, in advance, if I wish to change or add a supervisor or site after my initial site and supervisor are established. I also understand that it is my responsibility to verify on the board's website that the site/supervisor change is approved. The issuance of the LPC Intern license represents approval of the initial supervisor agreement form.

Signature of Applicant Today's 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:(mark an X by each statement verifying it has been reviewed)

- 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(Title 22 TAC, CH 681)..
- I will provide supervision to the above named applicant one hour during each week of documented experience.
- I understand that I have full professional responsibility for services provided by the supervisee shall rest with the supervisor.
- I understand that the supervisee cannot independently practice counseling until he or she obtains a regular license. This must be very clearly presented to the public.
- 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 understand that it is my responsibility to inform the intern should my supervisor status lapse.
- I have attached a copy of my renewal card to this document.

_____ I will verify that my intern has received an LPC Intern license before supervision begins and before he/she is assigned to me as a supervisee. I understand that no hours will count for the intern if required documentation is not received in the board office. I will verify on the board's website that my intern has been approved for each site in which supervision is taking place. Both my intern and I will contact the board regarding any issue with supervision.

Signature of Supervisor Today's Date