

**TEXAS STATE BOARD OF EXAMINERS
OF MARRIAGE AND FAMILY THERAPISTS**

Board-Ordered Supervision Plan

(for compliance with a Board Order related to a disciplinary action or other required monitoring)

Supervisee Last Name: _____ First Name: _____ Middle Name: _____

Please refer to the law and rules governing marriage and family therapy practice for all information related to licensure. The law and rules are available on the board's website at: <http://www.dshs.state.tx.us/mft/>.

Overview of some important Board-Ordered supervision requirements:

- Supervision that is Board-Ordered *is not* the same as supervision towards licensure (LMFT-A to LMFT). For Board-Ordered supervision, the board has determined that the licensee *requires* supervision of his or her marriage and family therapy practice related to protection of the public.
- Board-Ordered supervision must be provided by a Texas LMFT who is a board-approved supervisor.
- Supervisory sessions *must be* in face-to-face, one-on-one sessions of at least one hour in duration. Group supervision is not acceptable.
- Supervision *shall include* rehabilitation related to the issues outlined in the Board Order.
- Compliance with all laws and rules, as well as the Board Order, or any other supervision terms that are applicable, *is required*.
- Goals *shall include* a plan for completion of any Continuing Education or other requirements in the Board Order.
- Supervision *shall occur* in the frequency as required by the Board Order.
- Reports to the board related to supervision *shall be submitted* in the frequency as required by the Board Order. Reports are due to the board not later than 30 days after completion of the period of supervision designated by the board. Quarterly reports *shall include* information about the dates, times, and duration of supervision sessions, number of direct client contact hours licensee provided, as well as the therapeutic service period covered in the report. Content related to the supervisor's assessment of the supervisee's compliance with laws and rules governing marriage and family therapy practice, is required as well as progress towards rehabilitation related to the issues outlined by the board in the Board Order. Reports *shall include* the supervisor's assessment of whether the supervisee should be practicing marriage and family therapy in the setting(s) in which she/he is working. Reports may be submitted in letter form, including all these elements, with an original signature.
- The supervisee is responsible to ensure that the supervisor submits the reports timely, or the supervisee may be found in default of the Order, and appropriate disciplinary action may be taken.
- Supervision as a result of a Board Order *requires the initial submission* of a letter from the executive or designee of the employer(s) on agency letterhead, acknowledging understanding of the Board-Ordered nature of the supervision (as opposed to supervision towards licensure) and authorizing the Board-Ordered supervision within 30 days of commencement of supervision.
- Unless otherwise specified, the supervisee *shall* continue supervision until officially released by the board or executive director. This *will be* beyond the timeframe required for supervision because the supervisor must submit a final report to the board within 30 days of the end of the time period for supervision as designated in the board order, which must be then be reviewed and accepted by the board or executive director.
- The supervision *shall begin* within 30 days of the effective date of the Board Order whether or not the supervisee is practicing marriage and family therapy.
- A Board-Ordered Supervision Plan (Form IX) *shall be* submitted to the board for approval within 30 days of commencement of supervision.
- If the supervisee is not practicing marriage and family therapy at the time of the effective date of the Board Order, supervision shall begin within 30 days of the Order, but only supervision accrued while practicing marriage and family therapy will satisfy the supervision requirements of the Board Order. The Board will determine how many direct client contact hours are required before the period of supervision can be considered complete. Board-Ordered supervision that is dictated in terms of minimum requirements for numbers of years or months will be prorated based on the number of client contact hours appropriate for an equivalent number of years or months.

- A supervisee under Board-Ordered supervision *shall not practice* without being under supervision. If supervision under the plan terminates for any reason, the supervisee and the supervisor *must report* the termination to the board within 10 days of termination. The supervisee *shall not practice* until under supervision by another board-approved supervisor.
- The supervisor *shall submit* a written statement to the board within 30 days of commencement of supervision that she/he is independent from the supervisee and does not have a current or prior business, professional, or personal relationship with the supervisee (included in the Affidavit on the last page of Form IX).
- The supervisee *shall inform* clients and other relevant parties of the probationary status of her/his license, if applicable.
- A new Board-Ordered Supervision Plan (Form IX) must be submitted for approval when *any change occurs* in the conditions of supervision as approved by the board in the original, approved Board-Ordered Supervision Plan (Form IX) (such as location of practice). This must be submitted *within 30 days* of the change.

I. Supervisee Information

Name: _____ License Category and Number: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Is supervision related to the clients from this business? Yes No

Work schedule: Full time (30hrs/wk) or more Part time (Hours per week _____)

II. Board-approved Supervisor Information

Name: _____ License Category and Number: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Are you a board-approved supervisor? Yes No

III. Supervision Schedule

Beginning Date of Supervision: _____

Supervision Format: Individual

Supervision Sessions Frequency: _____ Total Hours/per _____ (Week, Month, Quarter, etc.)

Report to Board Frequency: _____ (Weekly, Monthly, Quarterly, etc.)

IV. Supervision Process

Describe the supervisee's work setting(s):

Describe the clients served:

Describe the supervisee's duties and responsibilities including treatment methods utilized:

Formulate four goals for the supervision:

1. _____
2. _____
3. _____
4. _____

Methods of supervision to be used:

V. Attachments to Include with Supervision Plan

Acknowledgement letter from employer's executive or designee on agency letterhead, authorizing board-ordered supervision.

VI. Comments

VII. Affidavit of Understanding and Signatures

Under penalties of perjury, I declare and affirm that the statements made in the supervision plan, including accompanying statements, are true, complete and correct. I understand that any false or misleading information in, or in connection with my supervision plan may be cause for denial or loss supervision time received and/or loss of licensure. I hereby certify that I have reviewed a copy of the law and regulations pertaining to marriage and family practice in the state of Texas, including those related to board-ordered supervision.

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

- That I have read the board order relating to supervision that I am required to procure as a condition of my license.
- That I will meet with my supervisor as required by the order.
- That I will abide by all law and rules of the board including ethics requirements.

Printed Name of Notary

Signature of Supervisee

Signature of Notary

Date

(SEAL)

I, as supervisor of the above named applicant or licensee's professional experience, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That I have read the board order relating to supervision that I am agreeing to provide as a condition of the supervisee's license.
- That I will meet with the supervisee as required by the order.
- That I will monitor the licensee's abidance of all law and rules of the board including ethics requirements.
- That I am independent from the supervisee and do not have a current or prior business, professional, or personal relationship with the supervisee.

Printed Name of Notary

Signature of Supervisor

Signature of Notary

Date

(SEAL)

Submit to: **Texas State Board of Examiners of Marriage and Family Therapists, P.O. Box 149347, Mail Code 1982 Austin, Texas 78714-9347**

 <p>TEXAS Department of State Health Services</p>	<p>PRIVACY NOTIFICATION 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.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)</p> <p style="text-align: right;">DSHS Publication Number: F77-13402 Rev. 5/10</p>
---	--