



**CALIFORNIA BOARD OF PSYCHOLOGY
 SUPERVISION AGREEMENT FOR SUPERVISED PROFESSIONAL EXPERIENCE
 (PURSUANT TO SECTION 1387 OF TITLE 16, CALIFORNIA CODE OF REGULATIONS)**

This agreement is to be reviewed, completed, and signed by both the undersigned primary supervisor and supervisee prior to the commencement of the supervised professional experience (SPE). Experience prior to preparation of this document may not count toward qualifying the supervisee for licensure. The primary supervisor agrees to maintain this agreement until the trainee completes the SPE and requests the primary supervisor to rate and verify the experience. The primary supervisor is responsible for submitting this agreement directly toward to the Board along with the Verification of Experience upon completion of the experience outlined in the document has been completed.

PRIMARY SUPERVISOR: _____
(Print or Type: First Name, Middle Initial and Last Name)

License Type: _____ License Number: _____

DELEGATED SUPERVISOR(S): _____
(Print or Type: First Name, Middle Initial and Last Name)

License Type: _____ License Number: _____

TRAINEE: _____
(Print or Type: First Name, Middle Initial and Last Name)

Registration Number (if applicable): _____

INTRODUCTION

The above trainee will be delivering psychological services described below under one of the following categories under the California Business and Professions Code.

(check appropriate category):

- _____ Business and Professions Code (BPC) Section 2909(d) - Registered Psychologist
- _____ BPC Section 2910 - employee of an exempt setting
- _____ BPC Section 2911 - intern in a formal internship placement
- _____ BPC Section 2913 - registered psychological assistant
- _____ Department of Mental Health Waiver (Wel. & Inst. Code § 5751.2)
- _____ Out of State Experience

What is the start and anticipated completion dates of the above checked category?

Start Date: _____ Anticipated Completion Date: _____

On a separate page, describe the specific duties the trainee will perform as they relate to the practice of psychology which conforms to Section 1387 of Title 16, of the California Code of Regulation (Section 1387). Specifically describing the following:

Part I. Describe an organized program that consists of a planned, structured and administered sequence of professionally supervised comprehensive clinical training experiences. SPE shall have a logical training sequence that builds upon the skills and competencies of the trainee to prepare him or her for the independent practice of psychology once he or she becomes licensed.

Part II. Describe how the plan includes socialization into the profession of psychology and how this socialization will be augmented by integrated modalities including mentoring, didactic exposure, role modeling, enactment, observational/ vicarious learning, supervision and consultative guidance.

Part III. Describe planned activities, which address the integration of current and evolving psychological knowledge, principles, and theories to the professional delivery of psychological services to the consumer public.

The trainee will perform these services in the following location(s). Please include the address and telephone number:

What professional title is the trainee being assigned in this setting?

The goals and objectives of this plan for supervised professional experience in compliance with Section 1387 are summarized as follows:

-----Supervision Requirements-----

IN ADDITION TO THE ABOVE PROVISIONS, THE FOLLOWING PROVISIONS OF THIS AGREEMENT ARE TO BE COMPLETED BY BOTH THE PRIMARY SUPERVISOR AND THE TRAINEE AND REVIEWED BY ALL SUPERVISORS:

In any supervised professional experience, the primary supervisor assumes professional and ethical responsibility for the psychological functions performed by the trainee. The supervisor is also responsible for ensuring that the supervised professional experience meets all requirements set forth in section 1387 and, in the case of registered psychological assistants, in section 1391 of Title 16, of the Code of Regulations.

Supervised professional experience under Section 1387 states: SPE is defined as an organized program that consists of a planned, structured and administrative sequence of professional supervised comprehensive training experiences.

The supervisor(s) and trainee agree as follows: (Please check yes or no as it is reviewed).

(Revision date: 9/24/09)

SUPERVISION REQUIREMENTS:

(California Code of Regulations Section 1387)

- | | Yes | No | |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | The trainee will be provided with at least 1 hour of face-to-face, direct, individual supervision by the primary supervisor each week. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | The trainee will be provided with supervision for 10% of the total time worked each week. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | A maximum of forty-four (44) hours per week, including the required 10% supervision will be credited toward meeting the supervised professional experience requirement. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | The trainee shall have no proprietary interest in the business of the primary or delegated supervisor(s) and shall not serve in any capacity which would hold influence over the primary or delegated supervisor(s)' judgement in providing supervision. |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Neither the primary supervisor nor any delegated supervisors will receive payment, monetary or otherwise, from the trainee for the purpose of providing supervision. |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | The trainee will not function under any other license to accrue SPE. |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | The supervisor(s) will maintain a clear and accurate record of trainee supervision. This record may be in the form of the SPE log required to be maintained by the trainee pursuant to section 1387.5 of Title 16, of the Code of Regulations. |
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QUALIFICATIONS AND RESPONSIBILITIES OF PRIMARY SUPERVISORS:

(California Code of Regulations Section 1387.1)

THE PRIMARY SUPERVISOR:

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Must be a licensed psychologist, except Board certified psychiatrists may be primary supervisors of their own registered psychological assistants. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Shall possess and maintain a valid, active license free of any formal disciplinary action, and will notify the trainee of any disciplinary action that affects his or her ability or qualifications to supervise. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Shall be employed by the same work setting as the trainee. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Shall be available to the trainee 100% of the time the trainee is working. This availability may be in person or through telephone, beeper or other appropriate technologies. |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Shall complete a minimum of six hours of supervision coursework every two years as described in section 1387.1(b). |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Shall be in compliance at all times with the provisions of the Psychology Licensing Law or the Medical Practice Act, whichever might apply, and the regulations adopted pursuant to these laws. |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Shall be responsible for ensuring that the trainee is in compliance at all times with the provisions of the Psychology Licensing Law or the Medical Practice Act, whichever might apply, and the regulations adopted pursuant to these laws. |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Shall ensure that all SPE and record keeping is conducted in compliance with the Ethical Principles and Code of Conduct of the American Psychological Association. |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Shall monitor the welfare of the trainee's assigned clients. |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Prior to rendering services shall ensure that the trainee inform each client or patient is unlicensed and is functioning under the direction and supervision of the supervisor and that any fees paid for the services of the trainee must be paid directly to the primary supervisor or employer. |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Shall monitor the performance and professional development of the trainee. |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Shall ensure that the supervisor has the education, training, and experience in the area(s) of psychological practice supervised. |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Shall have no familial, intimate or other relationship with the trainee that would compromise the supervisor's effectiveness, and/or would violate the Ethical Principles and Code of Conduct of the American Psychological Association. |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Shall not supervise a trainee who is now or ever has been a psychotherapy client of the supervisor. |

(Revision date: 9/24/09)

15. ___ ___ Shall not exploit or engage in sexual relationships or any other sexual contact with the trainee.
16. ___ ___ Shall provide a copy of the pamphlet "Professional Therapy Never Includes Sex" to the trainee.
17. ___ ___ Shall monitor the supervision performance of all delegated supervisors.

PRIMARY SUPERVISOR'S SIGNATURE

I understand and accept this agreement, including, but not limited to my duties as a supervisor, and will ensure to the best of my abilities, that the trainee and all delegated supervisors will comply with the terms and conditions of this agreement. All the foregoing is true and correct.

Name (Print or Type) _____ License #: _____

Signature _____

City and State _____ Date _____

QUALIFICATIONS AND RESPONSIBILITIES OF DELEGATED SUPERVISORS:
(California Code of Regulations Section 1387.2)

THE DELEGATED SUPERVISOR(S):

- | <u>Yes</u> | <u>No</u> | |
|------------|-----------|--|
| 1. ___ | ___ | Must be a licensed psychologist or those other licensed mental health professionals listed in section 1387(c)(1). |
| 2. ___ | ___ | Shall possess and maintain a valid, active license free of any formal disciplinary action, and will notify the trainee and primary supervisor of any disciplinary action or change in license status that affects his or her ability or qualifications to supervise. |
| 3. ___ | ___ | Shall be in compliance at all times with the provisions of the Psychology Licensing Law and the regulations adopted pursuant to this law. |
| 4. ___ | ___ | Shall be responsible for ensuring compliance at all times by the trainee with the provisions of the Psychology Licensing Law and the regulations adopted pursuant to this law. |
| 5. ___ | ___ | Shall ensure that all SPE and record keeping conducted under the supervision delegated to them is in compliance with the Ethical Principles and Code of Conduct of the American Psychological Association. |
| 6. ___ | ___ | Shall monitor the welfare of the trainee's clients while under their delegated supervision. |
| 7. ___ | ___ | Shall be responsible for monitoring the performance and professional development of the trainee and for reporting this performance and development to the primary supervisor. |
| 8. ___ | ___ | Shall ensure that they have the education, training, and experience in the area(s) of psychological practice to be supervised. |
| 9. ___ | ___ | Shall have no familial, intimate, business or other relationship with the trainee which would compromise the supervisor's effectiveness, and/or would violate the Ethical Principles and Code of Conduct of the American Psychological Association. |
| 10. ___ | ___ | Shall not supervise a trainee who is now or ever has been a psychotherapy client of the supervisor. |
| 11. ___ | ___ | Shall not exploit or engage in sexual relationships, or any other sexual contact with the trainee. |

DELEGATED SUPERVISOR(S) SIGNATURE(S)

I understand and accept this agreement, including, but not limited to, my duties and responsibilities as a delegated supervisor and will ensure to the best of my abilities that the trainee and I will comply with the terms and conditions of this agreement. All the foregoing is true and correct.

• Name (Print or Type) _____

Signature _____

City and State _____

Date _____

• Name (Print or Type) _____

Signature _____

City and State _____

Date _____

TRAINEE'S SIGNATURE

I understand and will comply with the terms and conditions of this agreement. I will cooperate with my supervisor(s) to ensure that conditions of the supervision are fulfilled and will provide my supervisor(s) with all information necessary to supervise me on matters involving professional, ethical or legal concerns. All of the foregoing is true and correct.

Name (Print or Type) _____

Signature _____

Address: _____

City and State: _____

Telephone: _____

Email Address: _____

Date _____

FOR BOARD USE ONLY

Denied _____

Approved _____

Date _____

Reason for denial _____

