

# MEMORANDUM

**TO:** Credential Committee

**Date:** July 29, 2011

**FROM:** Lavinia F. Snyder  
Licensing/Registration Coordinator

**SUBJECT:** Discuss Supervised Professional Experience (SPE) Agreement form

Section 1387 (b) (10) of the California Code of Regulations states as follows:

“(10) Prior to the start of the experience, the primary supervisor and the trainee shall together prepare a document which identifies at least the following:

- Name and signature of primary supervisor;
- Name and signature of trainee;
- Statutory authority under which the trainee will function;
- Start date of the experience and the anticipated completion date;
- Duties to be performed;
- Address of the locations at which the duties will be performed and,
- Goals and objectives of the plan for SPE.

Additionally, the document shall reflect that both supervisor and trainee have discussed and understand each term of SPE as required by the California Code of Regulations. The primary supervisor shall maintain the document until the hours of supervised experience are completed. Once the supervised experience outlined in the document has been completed, the primary supervisor shall submit directly to the board both the document and a verification of the experience signed by the primary supervisor under penalty of perjury. The verification shall certify to completion of the hours consistent with the terms of the supervision agreement document. The supervisor must indicate, in his/her best professional judgment, whether the trainee demonstrated an overall performance at or above the level of minimal competence expected for the trainee's level of education, training and experience. When SPE is accrued in a formal predoctoral internship or postdoctoral training program, the program's training director shall be authorized to perform the verification and rating duties of the primary supervisor provided that the internship training director is a licensed psychologist who possesses a valid, active license free of any disciplinary action.

(c) Delegated Supervision Requirements:

(1) Except as provided in 1391.5, which regulates the supervision of psychological assistants, primary supervisors may delegate supervision to other qualified psychologists or to other

- qualified mental health professionals including licensed marriage and family therapists, licensed educational psychologists, licensed clinical social workers and board certified psychiatrists.
- (2) The primary supervisor remains responsible for providing the minimum one hour per week of direct, individual face-to-face supervision.
  - (3) The primary supervisor remains responsible for ensuring compliance with this section.”

Attached is the current supervision agreement form for your review.



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

**(All CCR or California Code of Regulations section refer to Title 16)**

The purpose of an agreement is to ensure that both the supervisor and supervisee understand and have a plan to comply with the laws and regulations related to the accrual of supervised professional experience (SPE). Please review CCR sections 1387 et seq. prior to developing your plan for SPE. This agreement is to be reviewed, completed, and signed by both the primary supervisor and supervisee prior to the commencement of the supervised professional experience. **Experience prior to preparation of a plan 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 to the Board along with the Verification of Experience upon completion of the experience outlined in this document. **FOR PSYCHOLOGICAL ASSISTANTS IN PRIVATE PRACTICE SETTING, THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE BOARD FOR PRE-APPROVAL PRIOR TO THE ACCRUAL OF HOURS.**

**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 – salaried employee of an exempt setting (Any government agency, public schools or accredited or state approved academic institutions)
- \_\_\_\_\_ BPC Section 2911 - intern in a formal internship placement  
☐ American Psychological Association (APA)  
☐ Association for Psychology Postdoctoral and Internship Centers (APPIC)  
☐ California Psychology Internship Council (CAPIC)
- \_\_\_\_\_ BPC Section 2913 - registered psychological assistant (For accrual of hours in a private practice setting, the plan for SPE must be pre-approved by the Board before the accrual of hours)

\_\_\_\_\_ Department of Mental Health Waiver (Wel. & Inst. Code § 5751.2)  
(Please provide a copy of the DMH Waiver)  
\_\_\_\_\_ Out of State Experience

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

Start Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

What professional title is the trainee being assigned in this setting? (Only use titles that are consistent with Sections 2909 (d), 2911, 2913 of the Business and Professions Code)

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Provide the address(es), location(s), and telephone number(s) where the supervisee will perform psychological services.

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**On a separate page type your responses to the following items:**

1. Describe the specific duties the supervisee will perform as they engage in psychological activities that directly serve to prepare the supervisee for the independent practice of psychology once licensed.
2. Summarize the goals and objectives of this plan for SPE, including how socialization into the profession will be achieved.

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When answering each of the above questions, describe how the plan will meet the requirements of SPE as:

- 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.
- a plan that 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.
- planned activities that address the integration of current and evolving psychological knowledge, principles, and theories to the professional delivery of psychological services to the consumer public.

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

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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 CCR section 1387 and, in the case of registered psychological assistants, in CCR section 1391.

**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).

**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)' judgment 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:** (CCR 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. ☐ ☐ 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. ☐ ☐ Shall monitor the performance and professional development of the trainee.
12. ☐ ☐ Shall ensure that the supervisor has the education, training, and experience in the area(s) of psychological practice supervised.
13. ☐ ☐ 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. ☐ ☐ Shall not supervise a trainee who is now or ever has been a psychotherapy client of the supervisor.
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 \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_

#### QUALIFICATIONS AND RESPONSIBILITIES OF DELEGATED SUPERVISORS: (CCR Section 1387.2)

##### THE DELEGATED SUPERVISOR(S):

Yes No

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 \_\_\_\_\_

