

INSTRUCTIONS FOR COMPLETING THE SUPERVISION AGREEMENT:

- 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). This form is provided for your convenience to help you meet the requirements pursuant to CCR Section 1387.
- Review CCR sections 1387 et seq. prior to developing a plan for SPE and completing this agreement.
- Both the primary supervisor and supervisee shall complete, review, and sign an agreement **prior to** the commencement of the supervised professional experience. **Experience prior to preparation of a signed agreement will not count toward licensure.**
- The primary supervisor should maintain this agreement until the supervisee completes the SPE.
- Upon completion of the experience, the primary supervisor submits this original signed agreement with the original signed verification of experience form to the supervisee in a sealed envelope signed across the seal.
- The supervisee shall submit the sealed envelope containing the supervision agreement and verification of experience form to the Board along with their application.

PRIMARY SUPERVISOR: _____
 Last Name First Name Middle Initial

 License Type License Number

DELEGATED SUPERVISOR(S): _____
 Last Name First Name Middle Initial

 License Type License Number

SUPERVISEE: _____
 Last Name First Name Middle Initial

 Registration Number (if applicable)

INTRODUCTION

The above supervisee 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 2909.5](#) – 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

Department of Mental Health (DMH) Waiver ([Wel. & Inst. Code § 5751.2](#)) (Please provide a copy of the DMH Waiver.)

What is the start and anticipated completion dates of the checked category on previous page?

Start Date: _____ Anticipated Completion Date: _____

What professional title is the supervisee being assigned in this setting? (Only use titles that are consistent with Sections 2909.5, 2911, 2913 of the Business and Professions Code.)

Provide the organization name (if any), street address(es), and telephone number(s) of all the locations where the supervisee will perform psychological services. Attach additional pages if necessary.

| <u>Organization Name</u> | <u>Street Address</u> | <u>Telephone Number</u> |
|--------------------------|-----------------------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 he or she is licensed.
2. Summarize the goals and objectives of this plan for SPE, including how socialization into the profession will be achieved.
3. Describe how and when the supervisor will provide periodic assessments and feedback to the supervisee as to whether or not he or she is performing as expected.

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 supervisee 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.

-----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 SUPERVISEE, 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 supervisee. 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 on organized program that consists of a planned, structured and administrative sequence of professional supervised comprehensive training experiences.**

SUPERVISION REQUIREMENTS (CCR Section 1387):

Supervisee's Last Name

Supervisee's First Name

| THE SUPERVISOR(S) AND SUPERVISEE AGREE AS FOLLOWS (please check yes or no as it is reviewed): | | Yes | No |
|---|--------------------------|--------------------------|--------------------------|
| The supervisee will be provided with at least 1 hour of face-to-face, direct, individual supervision by the primary supervisor each week. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The supervisee will be provided with supervision for 10% of the total time worked each week. | <input type="checkbox"/> | <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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The supervisee shall have no proprietary interest in the business of the primary or delegated supervisor(s) and shall not serve in any capacity that would hold influence over the primary or delegated supervisor(s)' judgment in providing supervision. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neither the primary supervisor nor any delegated supervisors will receive payment, monetary, or otherwise, from the supervisee for the purpose of providing supervision. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The supervisee will not function under any other license to accrue SPE. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The supervisor(s) will maintain a clear and accurate record of supervisee supervision. This record may be in the form of the SPE log required to be maintained by the supervisee pursuant to Section 1387.5 of Title 16 of the Code of Regulations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

QUALIFICATIONS AND RESPONSIBILITIES OF PRIMARY SUPERVISORS (CCR Section 1387.1):

| THE PRIMARY SUPERVISOR: | Yes | No |
|---|--------------------------|--------------------------|
| Must be a licensed psychologist, except Board-certified psychiatrists may be primary supervisors of their own registered psychological assistants. | <input type="checkbox"/> | <input type="checkbox"/> |
| Shall possess and maintain a valid, active license free of any formal disciplinary action, and will notify the supervisee of any disciplinary action that affects his or her ability or qualifications to supervise. | <input type="checkbox"/> | <input type="checkbox"/> |
| Shall be employed by the same work setting as the supervisee. | <input type="checkbox"/> | <input type="checkbox"/> |
| Shall be available to the supervisee 100% of the time the trainee is working. This availability may be in person or through telephone, beeper, or other appropriate technologies. | <input type="checkbox"/> | <input type="checkbox"/> |
| Shall complete a minimum of 6 hours of supervision coursework every 2 years as described in Section 1387.1(b). | <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. | <input type="checkbox"/> | <input type="checkbox"/> |
| Shall be responsible for ensuring that the supervisee 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. | <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. | <input type="checkbox"/> | <input type="checkbox"/> |
| Shall monitor the welfare of the supervisee's assigned clients. | <input type="checkbox"/> | <input type="checkbox"/> |
| Prior to rendering services shall inform each client or patient that the supervisee is unlicensed and is functioning under the direction and supervision of the supervisor and that any fees paid for the services of the supervisee must be paid directly to the primary supervisor or employer. | <input type="checkbox"/> | <input type="checkbox"/> |
| Shall monitor the performance and professional development of the supervisee and provide periodic assessments and feedback to the supervisee as to whether he or she meets performance expectations. | <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. | <input type="checkbox"/> | <input type="checkbox"/> |
| Shall have no familial, intimate, business, or other relationship with the supervisee that would compromise the supervisor's effectiveness, and/or would violate the Ethical Principles and Code of Conduct of the American Psychological Association. | <input type="checkbox"/> | <input type="checkbox"/> |
| Shall not supervise a supervisee who is now or ever has been a psychotherapy client of the supervisor. | <input type="checkbox"/> | <input type="checkbox"/> |
| Shall not exploit or engage in sexual relationships or any other sexual contact with the supervisee. | <input type="checkbox"/> | <input type="checkbox"/> |
| Shall provide a copy of the pamphlet "Professional Therapy Never Includes Sex" to the supervisee. | <input type="checkbox"/> | <input type="checkbox"/> |
| Shall monitor the supervision performance of all delegated supervisors. | <input type="checkbox"/> | <input type="checkbox"/> |

PRIMARY SUPERVISOR'S SIGNATURE

Supervisee's Last Name

Supervisee's First Name

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 supervisee and all delegated supervisors will comply with the terms and conditions of this agreement. All the foregoing is true, complete, and correct.

Name: (Print or Type) _____ License #: _____

Signature: _____ Date: _____

E-mail Address: _____

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

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

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 supervisee and I will comply with the terms and conditions of this agreement. All the foregoing is true, complete, and correct.

Name (Print or Type): _____ License #: _____

Signature: _____ Date: _____

City & State: _____

Supervisee's Last Name

Supervisee's First Name

Name (Print or Type): _____ License #: _____

Signature: _____ Date: _____

City & State: _____

SUPERVISEE'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, complete, and correct.

Name (Print or Type): _____

Signature: _____ Date: _____

Address: _____

City & State: _____

Phone: _____ E-mail Address: _____

FOR BOARD USE ONLY

Denied: _____ Approved: _____ Date: _____

Reason for denial: _____

Collection and Use of Personal Information

The Department of Consumer Affairs and the California Board of Psychology collect the information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act.

Access to Your Information

You may review the records maintained by the California Board of Psychology that contain your personal information, as permitted by the Information Practices Act. See contact information below.

Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. However, we may need to share the information you give us with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by State or Federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, you may contact the California Board of Psychology, 1625 North Market Boulevard, Suite N-215, Sacramento, CA 95834; by phone at (866) 503-3221; or by e-mail at bopmail@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834; by phone at (800) 952-5210; or by e-mail at dca@dca.ca.gov.