

Clinical Supervision Contract

I, **Dr. Teresa Christensen** (*Supervisor*), agree to provide clinical supervision to: _____ (*Supervisee*) for the purpose of: (a) meeting the requirements of a graduate level course, (b) becoming a Registered Play Therapist (RPT), and/or (c) becoming a Licensed Professional Counselor - LPC.

Licensure History

As the *supervisor*, I, **Teresa M. Christensen** am a Registered Play Therapist – Supervisor (RPT-S #S600) by the Association for Play Therapy (APT), a Licensed Professional Counselor (LPC #5073) by the State of Colorado, Department of Regulatory Agencies, an LPC (#0701004019) by the Commonwealth of Virginia, Department of Health Professionals, an LPC-Board Approved Supervisor (#S2262) by the State of Louisiana Licensed Professional Counselors Board of Examiners, and a Nationally Certified Counselor (NCC #45102) by the National Board for Certified Counselors (NBCC). I am also an Approved Provider of Continuing Education in Play Therapy (#07-197) by APT. From 1997 to 2000, I was also licensed as an LPC (#732) and LPC-Private Practice (#329) by the State of Idaho Bureau of Occupational Licenses.

Formal Education & Work History

I hold a M.Coun. in Mental Health Counseling and a Ph.D. in Counseling and Counselor Education from Idaho State University, ISU. I also hold a B.A. in both Psychology and Sociology from Adams State University in Colorado. In the past, I have worked as an LPC and RPT-S in private practice, at community agencies, in both rural and urban school settings, at a Task Force on Child Sexual Abuse, an Adolescent Group Home, and a Psychiatric Hospital (Child and Adolescent Unit). For the past 20 years, I have worked as a full-time professor at the University of New Orleans in LA, Old Dominion University in VA, and now at Regis University in CO. I also have a part-time private practice where I specialize in child, adolescent, and family counseling, play therapy, group work, and clinical supervision.

Supervisee’s Responsibilities:

As the *supervisee*, I, _____, agree to show proof of liability insurance and agree to maintain said insurance at all times. I also agree to meet for regularly scheduled phone, individual, and/or group supervision sessions for the fee of \$ _____ per 50 minutes of individual supervision and \$ _____ per 90 minutes of group supervision. I am also responsible to meet the specific course content and degree requirements, pass exams (when required), and complete the required clinical experience necessary to receive the credential for which I choose to apply. I will also attain and complete the necessary paperwork depending on the credentialing body with whom I apply.

Supervisor’s Responsibilities:

I, **Dr. Teresa Christensen**, agree to complete and sign the appropriate section of forms and have provided you with a copy of this *Clinical Supervision Contract* entered into on the _____ day of the month of: _____ and year of: _____, thus initiating this supervisory relationship.

Supervisee

Date

Clinical Supervisor

Date