



SUPERVISION CONTRACT

This is an agreement between _____ (Supervisee) and _____ (Supervisor). The purpose of supervision is to: (e.g., meet requirements for training supervision) _____

Effective Date: _____; Frequency of Meetings: _____;

Duration of supervision session (time): _____ Type of Supervision: ___ Individual; ___ Group; ___ Both

Supervisor's definition of supervision:

Goals And Objectives Of Supervision:

1. To fulfill requirements for training supervision;
2. To promote development of supervisee's professional identity and competence;
3. To (Other) AS AGREED UPON BY SUPERVISOR AND SUPERVISEE.

Goals And Objectives Of Supervision:

1. The content of supervision will focus on the acquisition of knowledge, conceptualization, and skills within the defined scope of practice.
2. The context will ensure understanding of ethics, codes, rules, regulations, standards, guidelines (including consent, confidentiality/ privacy), and all relevant legislation. A supervisory record form will be used to document impressions of each supervisory session. Feedback all be provided at the close of each session and quarterly in accordance with Virginia Board of Counseling Regulations. Supervision notes may be shared with supervisee.
3. Rights and Responsibilities of both parties:
 - a. Supervisor Rights
 - i. To bring concerns/issues about Supervisee's work.
 - ii. To question Supervisee about his/her work and workload.
 - iii. To give Supervisee constructive feedback on his/her work performance.
 - iv. To observe Supervisee's practice and to initiate supportive / corrective action as required.
 - v. To end the supervision relationship at anytime
 - b. Supervisor Responsibilities
 - i. To uphold ethical guidelines and professional standards.
 - ii. To make sure supervision sessions happen as agreed and to keep a record of the meeting.

Dedicated to the craft of individual, family, couples and group counseling

- iii. To create a supervision file containing supervision records and other documents relating to development and training.
 - iv. To ensure that Supervisee is clear about his/her role and responsibilities.
 - v. To record the supervision session and to store their copy in the supervision file.
 - vi. To monitor Supervisee's performance.
 - vii. To set standards and assess the Supervisee against these.
 - viii. To know what Supervisee is doing and how it is being done.
 - ix. To deal with problems as they impact on the Supervisee's performance.
 - x. To support supervisee and the agreed personal development plan.
 - xi. To complete all forms as requested by the State of Virginia Board of Counseling Board in adhere with governing standards
- c. Supervisee Rights:
- i. To uninterrupted time in a private venue.
 - ii. To Supervisor's attention, ideas and guidance (Support, challenge and Guided Reflection).
 - iii. To receive feedback.
 - iv. To set part of the agenda.
 - v. To ask questions.
 - vi. To expect Supervisor to carry out agreed action or provide an appropriate explanation, within an agreed time frame.
 - vii. To have his/her development/training needs met.
 - viii. To challenge ideas and guidance in a constructive way.
- d. Supervisee Responsibilities:
- i. To uphold ethical guidelines and professional standards (Laws and Regulations);
 - ii. To be prepared to discuss client cases with the aid of written case notes and / or video / audio tapes;
 - iii. To validate diagnoses, interventions, approaches and techniques used;
 - iv. To be open to change and use alternate methods of practice if required;
 - v. To consult supervisor or designated contact person in cases of emergency;
 - vi. Implement supervisor directives in subsequent sessions; and
 - vii. Maintain a commitment to on-going counselor education and the counseling profession.
- e. Procedural considerations:
- i. Supervisee's written cases notes (plus diagnoses and treatment plans) and audio / video tapes may be reviewed in each session;
 - ii. Issues relating to supervisee's professional development will be discussed;
 - iii. Sessions will be used to discuss issues of conflict and failure of either party to abide by the guidelines outlined in this contract. If concerns of either party are not resolved in supervision,
 - 1. Michele Haynam, LPC is identified as a mediator to assist with consulted; and
 - 2. If the mediator is not successful then the Virginia Board of Counseling will be contacted
 - iv. In event of an emergency, supervisee to contact supervisor.

1. Benjamin S. Newman (757) 876 – 9514
- v. If not available, then contact:
 1. Michele Haynam, LPC (757) 513 – 4444
 2. Supervisee professional liability insurance provider for consultation
 3. ACA Ethics Helpline (800) 347 - 6647
 4. Virginia Board of Counseling (804) 367 – 4610

Supervisor’s Scope Of Practice – Benjamin S. Newman is credentialed as a Virginia LPC, CSAC and CSOTP. In addition Ben has received the training and supervision to provide residency in counseling with supervision in Virginia. The Virginia Board of Counseling allows for residency supervision to be conducted in person and by phone.

Agreement as to **hourly rate** for supervision: _____ to be paid by: _____

Malpractice / liability insurance will be arranged by supervisee: Yes _____ No _____ (If yes, proof of such must be provided as soon as possible.) Date proof provided, with copy to supervisor _____

This contract is subject to revision at any time, upon the request of either the supervisee or the supervisor. A formal review, however, will be conducted every quarter and revisions to the contract will be made only with consent of the supervisee and approval of supervisor. We agree, to the best of our ability, to uphold the guidelines specified in this supervision contract and to manage the supervisory relationship and supervisory process according to ethical and legal standards

| This contract is in effect from: | | | |
|---|--|-----------|--|
| Start Date: | | End Date: | |
| Supervisee Signature: | | Date: | |
| Supervisor Signature: | | Date: | |

CREDIT CARD AUTHORIZATION

This form is necessary even if you do not intend to use credit card payment so we have a backup for any missed session fees, forgotten payments, etc.

By signing this agreement, I am authorizing Artisan Counseling to bill my credit card for professional services rendered to (supervisee name) _____. I agree that I will not dispute valid charges, which may include: _____

Initial Below:

Agreed upon fees for services: _____

A missed session fee if the supervisee does not show up for a scheduled appointment or cancels with less than 24 hours' notice.

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

City: _____

State: _____

Postal Code: _____

Email: _____

Phone Number: () _____

CREDIT CARD INFORMATION

Type of Credit Card

Visa

Master Card

American Express

Last 4 Digits: _____

Expiration Month: _____

Expiration Year: _____

Is this an HSA or HRA card?

Yes

No

Cardholder Signature: _____

Date: _____