



SECTION 1

Supervisory Agreement Between Supervisee and Supervisor

The Board recommends that the supervisee and supervisor keep a copy of the completed Supervision Contract Form for their records.

This section is to be completed by the supervisor of Applicants and Licensed Provisional Psychologists who are presently involved in the practice of psychology in N.C., and by Licensed Psychological Associates who are engaged in activities in N.C. requiring supervision.

Supervisor's Name \_\_\_\_\_ License# \_\_\_\_\_

Business Telephone (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_ Is supervisor HSP-P certified in N.C.?  Yes  No

Business Name/Address \_\_\_\_\_
Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

1. Have you (the supervisor), or the supervisee named on Page 1, ever been denied a professional license or permit, or privilege of taking an examination; or had any disciplinary, remedial, rehabilitative, or other action taken against a professional license, certificate, or permit (e.g., denied, suspended, reprimanded, censured, restricted, limited, probation, revoked, conditions, etc.) by any licensing or certification authority in North Carolina or elsewhere; or are you aware of any pending charges against a professional license, certificate, or permit which you hold? \*

..... Supervisor:  Yes  No
..... Supervisee:  Yes  No

\*Board action is available on the Board website at www.ncpsychologyboard.org (select "License Verification" on the sidebar)

2. If you, the supervisor, are not licensed in North Carolina as a Licensed Psychologist, include verification of: (1) exemption status [21 NCAC 54 .2001(a)(2)] (contact Board for appropriate form); (2) licensure in another state [21 NCAC 54 .2001(a)(3)] (send copy of current renewal certificate or letter from state licensing board); or (3) alternate supervision plan [21 NCAC 54 .2005].

A. Provide a specific description of the supervisee's professional responsibilities and functions.
[Note: Supervision is not for introductory training of the supervisee in additional skills, methods, or interventions, but may include enhancement and refinement of previously learned skills. 21 NCAC 54 .2002(a)]

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

B. Complete if the supervisee is a Licensed Provisional Psychologist (see 21 NCAC 54 .2009 for time requirements) or Applicant (see 21 NCAC 54 .2007 for time requirements).

- 1. Hours per week engaged in the practice of psychology: \_\_\_\_\_
2. Hours allotted for individual supervision per week: \_\_\_\_\_
3. Number of individual supervision sessions per week: \_\_\_\_\_

C. Complete if the supervisee is a Licensed Psychological Associate (see 21 NCAC 54 .2008 for time requirements).

- 1. Hours per month engaged in activities requiring supervision: \_\_\_\_\_
2. Hours allotted for individual supervision per month: \_\_\_\_\_
3. Number of individual supervision sessions per month: \_\_\_\_\_

D. Describe any familial or personal relationship between supervisor and supervisee:

\_\_\_\_\_

**Supervisor Responsibilities**

Below is a summary based on Board rules of the responsibilities a Supervisor assumes when entering a supervision relationship. Please carefully read each statement. By signing this Supervision Contract Form, you indicate that you understand and agree to abide by each responsibility.

- ☞ I understand that the nature of supervision as mandated by the Practice Act is to assure [21 NCAC 54 .2002(a)]
  - the understanding of, and compliance with, the laws and ethics that govern the practice of psychology; and
  - the application of appropriate standards to client problems
  
- ☞ I understand that in supervision, I and my supervisee will address, and the supervisee will be rated on, [21 NCAC 54 .2002(a)(1)-(4)]
  - ethical, legal and professional standards
  - technical skills and competency
  - supervisee’s utilization of supervision, and
  - supervisee’s ability to function independently or with reduced supervision
  
- ☞ As a Supervisor I will [21 NCAC 54 .2001(c) and (d)]
  - confirm that I can meet my supervisee’s needs for professional supervision
  - confirm the congruency between my areas of competence and the supervisee’s areas of practice
  - direct the supervisee to practice only within areas for which s/he is qualified
  - personally confirm supervisee’s supervision level (1, 2, or 3; see Rule .2008) ([www.ncpsychologyboard.org](http://www.ncpsychologyboard.org))
  - meet with supervisee as contracted and be otherwise accessible to the supervisee
  - direct the supervisee to keep me informed about services s/he is performing
  - advise the Board if there is reason to believe the supervisee has committed an ethical or legal violation
  - maintain a clear and accurate record of supervision, documenting
    - dates, appointment time, and length of each session
    - summary of treatment issues, concerns, my recommendations and their intended outcomes
    - fees charged, if any
  - retain supervision records for seven years from date of last session or indefinitely if ethical or legal actions are pending
  - file reports as required when any condition of supervision changes
  - file a final supervision report within two weeks after termination of supervision
  - avoid a familial or strongly personal relationship with the supervisee

**Supervisee Responsibilities**

Below is a summary from Board rules of the responsibilities a Supervisee assumes when entering a supervision relationship. Please carefully read each statement. By signing this Supervision Contract Form, you indicate that you understand and agree to abide by each responsibility.

- ☞ I understand that the nature of supervision as mandated by the Practice Act is to assure [21 NCAC 54 .2002(a)]
  - the understanding of and compliance with the laws and ethics that govern the practice of psychology and
  - the application of appropriate standards to client problems
  
- ☞ I understand that in supervision, we will address, and I will be rated on [21 NCAC 54 .2002(a)(1)-(4)]
  - ethical, legal and professional standards
  - technical skills and competency
  - my utilization of supervision, and
  - my ability to function independently or with reduced supervision
  
- ☞ As a Supervisee I will [21 NCAC 54 .2002(b)]
  - attend scheduled supervision sessions
  - disclose to my supervisor the psychological services I offer and render
  - cooperate with supervisor in meeting his/her responsibilities (summarized in this Supervision Contract Form)
  - provide my supervisor the information necessary for the supervisor to advise me on cases that might present professional, ethical or legal concerns
  - notify the Board if I have reason to believe that my supervisor has committed an ethical or legal violation
  - file a revised supervision contract within 30 days of any change in the supervision arrangements described in the contract form currently on file with the Board
  - discuss the extent to which my clients or patients will be notified about the supervision process

**AFFIDAVIT**

**Each party to this contract hereby attests to the accuracy of the information presented herein and agrees to meet the conditions and responsibilities specified herein and in the N.C. Psychology Practice Act (G.S. § 90-270.1 et seq.) and Board rules (21 NCAC 54). For the supervisor, this includes attestation that he/she will maintain supervisory records in accordance with 21 NCAC 54 .2001(c)(8).**

\_\_\_\_\_  
Supervisee’s Signature  
Signed before me this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Supervisor’s Signature  
Signed before me this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_

SECTION 2

Attestation That Supervision is not Required

The Board recommends that you keep a copy of the completed Supervision Contract Form for your records.

This section is to be completed by Licensed Psychological Associates whose professional practice is limited to those activities which do not require supervision, by Provisional Licensed Psychologists and by Applicants who are not presently involved in the practice of psychology in North Carolina.

A. Provide a specific description of activities (even if such are not related to the practice of psychology in North Carolina):

B. I certify that supervision is not required for the activities described in Item A of this Section for following reason(s):

- I am a Licensed Psychological Associate, and I am not engaged in activities specified in G.S. § 90-270.5(e) or 21 NCAC 54 .2006 as requiring supervision for Licensed Psychological Associates. [Note: This option is NOT applicable to Applicants or provisionally Licensed Psychologists.]
I am licensed by the North Carolina Board of Education as a school psychologist and my professional activities are limited to those for which I am a regular salaried employee of a local board of education or by the North Carolina State Department of Public Instruction. Name of local board of education [Attach copy of school psychologist license issued by the NC Board of Education. If you are engaged in practice or activities in addition to those described above (e.g., in private practice, if you are employed as a contract employee by another school system), you must file a separate Supervision Contract Form with the Board to cover your additional activities.]
I am only engaged in activities which constitute a part of my course of study. Name of educational institution [Attach letter from the head of your graduate program which verifies that the activities described in this Contract Form constitute a part of your course of study.]
I am unemployed. [not working in any setting]
I am retired. [not working in any setting]
I am not practicing psychology in North Carolina.
Other (specify)

AFFIDAVIT

I attest that my activities as described in this Section do not require supervision as indicated above. Further, I agree that if my activities as described in this Section change in the future, I will notify the Board of the change and file the appropriate supervision contract form within 30 days of the change.

Licensee's/Applicant's Name (type or print name)

Signature
Signed before me this \_\_\_\_\_ day of
\_\_\_\_\_ 20 \_\_\_\_\_

Notary Public
My Commission Expires \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING A SUPERVISION CONTRACT FORM

Carefully read all instructions. Form will be returned if all applicable information is not supplied. Contact the NC Psychology Board office at 828-262-2258 if you need assistance.

1. **Type or print** except for signatures.
2. Provide all Generic Information.
3. Complete *only one* Section per Contract Form.
4. Section 1 must be completed by supervisors of licensees and applicants who are required to receive supervision.
5. Section 2 must be completed by licensees and applicants who are not required to receive supervision.

### SUMMARY OF SUPERVISION REQUIREMENTS

*Following is a summary of the supervision requirements. The actual supervision rules, codified as 21 NCAC 54 .2000, along with supervision contract and report forms, may be obtained from the Board office or on its web site at [www.ncpsychologyboard.org](http://www.ncpsychologyboard.org).*

#### NATURE OF SUPERVISION

The nature of mandated supervision depends on the specific areas of practice, experience, and training germane to the area of specialty of the supervisee, and is the process used to assure that an appropriate professional standard is being applied to the solution of a client's problem, and that the laws that govern the practice of psychology and the ethics that guide that practice are understood and followed. The purpose of such Board mandated supervision is not for introductory training of the supervisee in additional skills, methods, or interventions, but may include enhancement and refinement of previously learned skills.

#### CONTRACTING AND REPORTING

A written, notarized supervision contract form must be filed with the Board along with the application form by every applicant. A new contract form must be filed within 30 days of a change in the conditions specified in the supervision contract form on file with the Board. A separate supervision contract form shall be filed for each separate work setting. If receiving supervision from more than one supervisor, a separate supervision contract form shall be filed with each individual supervisor. Licensees who engage in the practice of psychology in a jurisdiction other than North Carolina are not required to receive supervision, but are required to keep a current supervision contract form on file with the Board. A supervisor shall submit a final supervision report within 2 weeks of termination of supervision or within two weeks of a change in the conditions specified in the supervision contract form on file. Supervisors are referred to 21 NCAC 54 .2001 for qualifications and responsibilities of a supervisor.

#### TIME REQUIREMENTS

**Provisional Psychologist.** A minimum of 2 years consisting of at least 3000 hours of supervised practice is required. A minimum of 1 calendar year consisting of at least 1500 hours of this supervised practice shall be accrued at the postdoctoral level. One year of supervised experience shall meet all of the Board specified criteria for a training program in psychology. One year shall meet all of the following criteria: supervision shall be provided for all activities which comprise the practice of psychology; a minimum of one hour per **week** of face-to-face, individual supervision shall be provided; the experience shall consist of a minimum of 1 calendar year, shall include 1500 hours of practice, and shall be completed within a consecutive 4-year period.

**Psychological Associate.** Activities specified in G.S. § 90-270.5(e) (assessment of personality functioning; neuropsychological evaluation; psychotherapy, counseling, and other interventions with clinical populations for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior; and, the use of intrusive, punitive, or experimental procedures, techniques, or measures) and 21 NCAC 54 .2006 require supervision. Individual supervision sessions are to be scheduled for no longer than 2 hours or less than 30 minutes.

Level 1. Less than 3 calendar years consisting of at least 4500 hours of post-licensure supervised practice:

<u>No. of hours per month engaging in activities that require supervision</u>	<u>No. of hours of required individual supervision per month</u>
1 - 10	1
11 - 20	2
21 - 30	3
31 plus	4

***Supervision shall be provided at Level 1 until such time as another level is approved by the Board. Licensees must contact the Board office to obtain an application to move from one level to another.***

Level 2. After a minimum of 3 calendar years consisting of at least 4500 hours of post-licensure supervised practice:

<u>No. of hours per month engaging in activities that require supervision</u>	<u>No. of hours of required individual supervision per month</u>
1 - 20	1
21 plus	2

Level 3. After a minimum of 5 calendar years consisting of at least 7500 hours of post-licensure supervised practice:  
Minimum of one hour per month.

**Applicants and Other Nonlicensed Individuals.** Applicants and individuals who have yet to apply shall not practice or offer to practice psychology without supervision. All activities comprising the practice of psychology are subject to review by a supervisor. A minimum of one hour per **week** of regularly scheduled face-to-face individual supervision is required.

#### SUPERVISORY RECORDS

A supervisor must maintain supervisory records in accordance with 21 NCAC 54 .2001(c)(8).