



# BOARD OF PSYCHOLOGY

2005 Evergreen Street, Suite 1400  
SACRAMENTO, CA 95815-3831  
(916) 263-2699  
www.psychboard.ca.gov



## CALIFORNIA BOARD OF PSYCHOLOGY SUPERVISION AGREEMENT FOR SUPERVISED PROFESSIONAL EXPERIENCE IN HEALTH SERVICES

This agreement is to be completed by the primary supervisor and the trainee **prior** to the commencement of the supervised professional experience (SPE). 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 agrees to submit this agreement or its equivalent directly to the board along with the *Verification of Experience Form* when requested to do so by the trainee or the board. Any changes to the supervisory plan during the course of the experience shall be documented on a separate sheet, initialed by both the primary supervisor and trainee, and attached to this agreement as an addendum. **The board has the authority to deny any hours of supervised professional experience in which a Supervision Agreement was not properly completed prior to the accrual of hours.**

### SECTION I:

**PRIMARY SUPERVISOR:** \_\_\_\_\_  
(Print or Type: First Name, Middle Initial and Last Name)

License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

**DELEGATED SUPERVISOR(S):** \_\_\_\_\_  
(use separate sheet if necessary) (Print or Type: First Name, Middle Initial and Last Name)

License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

\_\_\_\_\_  
(Print or Type: First Name, Middle Initial and Last Name)

License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

**NOTE:** A change in primary supervisor will require the completion of an entire new supervision agreement plan. Change(s) in delegated supervisor(s) should be documented on a separate sheet and attached to this agreement as an addendum.

**TRAINEE:** \_\_\_\_\_  
(Print or Type: First Name, Middle Initial and Last Name)

Registration Number (if applicable): \_\_\_\_\_

### SECTION II:

**The above trainee will be delivering the limited psychological services described below to the public under one of the following categories under the:**  
(check appropriate category):

- \_\_\_\_\_ Business and Professions Code (BPC) Section 2909(d) - Registered Psychologist
- \_\_\_\_\_ BPC Section 2910 - employee of an "exempt" setting
- \_\_\_\_\_ BPC Section 2911 - intern in a formal internship which meets Section 1387 of the California Code of Regulations (CCR)
- \_\_\_\_\_ BPC Section 2913 - registered psychological assistant
- \_\_\_\_\_ Department of Mental Health Waiver
- \_\_\_\_\_ Out of State Experience

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

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

The above trainee will perform the following services:

---

---

---

---

The trainee will perform these services in the following location(s). Please include the name of agency (if applicable) and address:

---

---

---

The goals and objectives of this plan for supervised professional experience are summarized as follows:

---

---

---

---

### **SECTION III:**

**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 DELEGATED 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 section 1387 of the California Code of Regulations (CCR) and, in the case of registered psychologists or psychological assistants, in section 1390 and 1391 respectively of the CCR.

The supervisor(s) and trainee agree to and understand all of the following information: (Please check off each item as it is reviewed with the trainee).

#### **SUPERVISION REQUIREMENTS:**

(California Code of Regulations Section 1387)

1.  The trainee will be provided with at least 1 hour of face-to-face, direct, individual supervision by the primary supervisor each week.
2.  The trainee will be provided with supervision for 10% of the total time worked each week.
3.  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.  The trainee shall have no proprietary interest in the business of the primary or delegated supervisor and shall not serve in any capacity which would hold influence over the primary or delegated supervisor(s)' judgement in providing supervision.
5.  Neither the primary supervisor nor any delegated supervisors will receive payment, monetary or otherwise, from the trainee for the purpose of providing supervision.
6.  The trainee will not function under any other license or in any other professional capacity while accruing SPE.
7.  The supervisor(s) will maintain a clear and accurate record of the trainee's 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 the CCR.

---

#### **QUALIFICATIONS AND RESPONSIBILITIES OF PRIMARY SUPERVISORS:**

(California Code of Regulations Section 1387.1)

##### **THE PRIMARY SUPERVISOR:**

1.  Must be a licensed psychologist, except board certified psychiatrists may be primary supervisors of their own registered psychological assistants.

2. \_\_\_\_ Shall possess and maintain a valid, active license free of any formal disciplinary action and will notify the trainee of any disciplinary action or change in license status that affects his or her ability or qualifications to supervise.
3. \_\_\_\_ Shall be employed by the same work setting as the trainee.
4. \_\_\_\_ Shall be available to the trainee 100% of the time the trainee is accruing SPE. This availability may be in-person, by telephone, by pager or by other appropriate technology.
5. \_\_\_\_ Shall complete a minimum of six hours of supervision coursework every two years as described in section 1387.1(b).
6. \_\_\_\_ 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. \_\_\_\_ 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 these laws.
8. \_\_\_\_ 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. \_\_\_\_ Shall monitor the welfare of the trainee's assigned clients.
10. \_\_\_\_ Shall ensure that each client or patient is informed prior to rendering services by the trainee that the trainee 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 he or she has the education, training, and experience in the area(s) of psychological practice supervised.
13. \_\_\_\_ 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.
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 require the trainee to review the pamphlet "Professional Therapy Never Includes Sex."
17. \_\_\_\_ Shall monitor the supervision performance of all delegated supervisors.

**QUALIFICATIONS AND RESPONSIBILITIES OF DELEGATED SUPERVISORS:**  
(California Code of Regulations Section 1387.2)

**THE DELEGATED SUPERVISOR(S):**

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 these laws.
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 these laws.
5. \_\_\_\_ Shall ensure that all SPE and record keeping conducted under the supervision delegated to them is conducted 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.

## SECTION IV:

---

### 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 and with all laws and regulations relating to the practice of psychology. I declare under penalty of perjury under the laws of the State of California that all the forgoing is true and correct.*

Name (Print or Type) \_\_\_\_\_

License Number \_\_\_\_\_

Signature \_\_\_\_\_

City and State \_\_\_\_\_

Date signed: \_\_\_\_\_

### 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. I declare under penalty of perjury under the laws of the State of California that all the forgoing is true and correct.*

Name (Print or Type) \_\_\_\_\_

Signature \_\_\_\_\_

Social Security Number<sup>1</sup> \_\_\_\_\_

City and State \_\_\_\_\_

Date signed: \_\_\_\_\_

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.