





PART III – SUPERVISION

\*\*\*TO BE COMPLETED BY THE SUPERVISOR\*\*\*

- "SUPERVISION" is the direct clinical review, for the purposes of training or teaching, by a supervisor of interaction with a client/s in order to promote the development of clinical skills. It may include, but is not limited to, the review of case presentations, audiotapes, videotapes, and direct observation.
- The supervisor assumes complete clinical responsibility for all clients. Supervision does not require the supervisor to be present at the work site with the supervisee. Both supervisors and supervisees are required to maintain a contemporaneous record of the date, duration, type (individual, paired, or group), and a brief summary of the pertinent activity for each supervision session to be submitted to the Board upon request. If there are any discrepancies in hours, contemporaneous documentation of supervision will be requested.
- IMPORTANT: The requirements to be eligible to serve as a supervisor differ for Professional Counseling, Social Work and Marriage and Family Therapy. The number of hours and type (individual and/or group) of supervision is also specific to each license. See Chapter 135-5, Rules of the Composite Board for the precise requirements.
- NOTE: SUPERVISOR and APPLICANT must complete PART V, Plan for Supervision.

**SUPERVISOR**

APPLICANTS NAME: \_\_\_\_\_

PRINTED NAME OF SUPERVISOR: \_\_\_\_\_

Supervisor Credentials (Required @ 09-30-2018): ACS # \_\_\_\_\_ or CPCS # \_\_\_\_\_

Supervisor's License Type:  LPC  LCSW  LMFT  Psychologist  Psychiatrist License # \_\_\_\_\_

Date License Originally Issued: \_\_\_\_\_ Expires: \_\_\_\_\_ State: \_\_\_\_\_ Highest Earned Degree: \_\_\_\_\_

HOME TELEPHONE: ( ) \_\_\_\_\_

OFFICE TELEPHONE: ( ) \_\_\_\_\_

SUPERVISOR'S EMPLOYMENT SITE:

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

Do you have any current or prior relationship with the applicant/employee?  No  Yes If "Yes," please explain:

Do you plan to deliver any supervision via technology-assisted media?  No  Yes

If yes, have you completed the continuing education required for Telemental Health Supervision per Board Rule 135-11-.01?  
 No  Yes

Please circle the type of supervision you will be providing: Individual Paired Group

If group, how many supervisees are scheduled to attend each session? \_\_\_\_\_

**AFFIDAVIT AND SIGNATURE**

I attest that I have read and understand O.C.G.A. Title 43, Chapter 10A, and Chapter 135 of the Board's Rules and I agree to comply completely with all laws of the State of Georgia and the Rules of the Composite Board governing the practice of any specialty licensed by the Board. Furthermore, I understand that I may not practice under O.C.G.A. § 43-10A-7(9), (10), (11), (14), (15), (16) and (17) while obtaining the required experience for licensure.

I attest that should I deliver supervision via technology-assisted media from one site while the supervisee is located at a distant site that I have obtained the training of a Telemental Health supervisor as required per Board Rule 135-11-.01.

I do hereby affirm under penalty of perjury that all statements made and information contained above are true and correct to the best of my knowledge and belief. Further, I hereby authorize the release of any information relating to information contained in this form that may be necessary to verify the accuracy of the information contained herein.

Signature of Supervisor

Printed Name

Date

Subscribed and sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public

My Commission Expires: \_\_\_\_\_

NOTARY SEAL

PART IV – TRAINING EXPERIENCE AND PLAN FOR DIRECTION

▪ TO BE COMPLETED BY THE DIRECTOR

By initialing each statement below, I certify each statement is true and correct to the best of my knowledge:

- \_\_\_\_\_ As director, I understand I am responsible to provide direction and oversight for this applicant.
- \_\_\_\_\_ As director, I am either the employer of this applicant or the administrative superior of this applicant.
- \_\_\_\_\_ As director, I understand direction means the ongoing administrative oversight by an employer or superior of this applicant’s work.
- \_\_\_\_\_ As director, I understand I am responsible for assuring the quality of the services rendered by this applicant and shall ensure that qualified supervision or intervention occurs in situations, which require expertise beyond that of the applicant.
- \_\_\_\_\_ As director, I understand direction and supervision are separate requirements but must occur **concurrently**.
- \_\_\_\_\_ As director, I understand our work sites must have measurable, detailed documentation for this applicant, as well as a signed contractual agreement that outlines job description, office hours, performance review procedures, and dismissal policies.
- \_\_\_\_\_ As director, I understand the agreement between the work site and the candidate should be akin to employment.
- \_\_\_\_\_ As director, I understand “non-compensated” experiences or services will be reviewed on a case by case basis to determine acceptability in defining the working relationship for the purposes of obtainment of the required directed work experience.
- \_\_\_\_\_ As director, I understand all work sites must include a formal structure related to the practice of professional counseling as defined in Rule 135-5-.01(a) (1).
- \_\_\_\_\_ As director, I understand the applicant may, at the discretion of the Board, be required to submit documentation to ensure compliance and understanding of these requirements in regard to the directed experience site, and substantiating:
  - The nature of the working relationship with the applicant.
  - The formal structure of the organization.
  - Any other licensed or associate licensed individuals working within the organization.
- \_\_\_\_\_ As director, I agree to comply with each of these requirements and understand that an inability to do so will result in disqualification of the directed hours accrued for the applicant.

Provide a brief description of the nature of the professional counseling services being provided to the public:

---



---



---



---



---



---



---

By my signature below, I affirm the above to be true:

|                       |      |                        |      |
|-----------------------|------|------------------------|------|
| Signature of Director | Date | Signature of Applicant | Date |
|-----------------------|------|------------------------|------|

**(Both Director and Applicant MUST sign)**

PART V – PLAN FOR SUPERVISION

- To be completed by the supervisor and applicant
- Contract affidavit must specify the number of hours per week to meet the thirty (30) minimum required hours per year.

This applicant (name) \_\_\_\_\_ will receive \_\_\_\_\_ hours of supervision per week.

Both supervisors and supervisees are required to maintain a contemporaneous record of the date, duration, type (individual, paired, or group), and a brief summary of the pertinent activity for each supervision session to be submitted to the Board upon request. If there are any discrepancies in hours, contemporaneous documentation of supervision will be requested.

NOTE: Board rules regarding the number of required supervision hour's changes after September 30, 2018. Thirty-Five (35) hours of supervision will be required. See Board rule 135-5-.02(a)(8)

By initialing each statement below, I certify each statement is true and correct to the best of my knowledge:

**SUPERVISOR AGREES TO:**

- \_\_\_\_\_ Ensure compliance with current Georgia Composite Board of Professional Counselors, Social Workers, and Marriage & Family Therapist Rules.
- \_\_\_\_\_ Provide ongoing, clinical supervision in a professional setting.
- \_\_\_\_\_ Ensure that supervision of the supervisee is compliant with Board rules 135-5-.01 and 135-11-.01.
- \_\_\_\_\_ Discuss and review case notes, charts, records, and available audio or video for clients with the applicant.
- \_\_\_\_\_ Review and closely supervise the applicant and all problem cases, providing special attention to assessments, treatment planning, ongoing case management, emergency intervention, record keeping, and termination.
- \_\_\_\_\_ Focus on the appropriateness of the treatment plans and monitor the appropriateness of clients served based on the applicant's therapeutic skill. Direct the applicant to refer clients who fall beyond their level of competence.
- \_\_\_\_\_ Maintain confidentiality of all client and supervisory materials.
- \_\_\_\_\_ Review the Georgia licensing laws (OCGA 43-10A), Board rules (135-5), and Code of Ethics (135-7) with applicant.
- \_\_\_\_\_ Seek timely clarification/consultation from the Board if there are any problems or conflicts between commitments to agency, administrative supervisor, and client or other conflicts relating to the authority, or shared responsibility for fulfilling the responsibilities under this Plan.
- \_\_\_\_\_ Establish and maintain a record-keeping system to track the direct client contact and supervision hours. Supervisor will be prepared to provide supporting documentation verifying the accuracy of information reported, if requested by Board.
- \_\_\_\_\_ Notify the Board of any changes to supervisor's business address and phone number or change in credential status.
- \_\_\_\_\_ Notify the Board of any interruption or proposed termination of the plan.

**APPLICANT AGREES TO:** (Applicant **MUST** initial each statement below)

- \_\_\_\_\_ Abide by the Code of Ethics for Counselors and Therapists as specified in the Board rules: Code of Ethics 135-7.
- \_\_\_\_\_ Establish and maintain a record keeping system to track the direct client contact and supervision hours. Applicant will be prepared to provide supporting documentation verifying the accuracy of information reported, if requested by Board.
- \_\_\_\_\_ Submit requests to change or modify the "Work Plan" to Board prior to implementing changes.
- \_\_\_\_\_ Ensure supervisor has authority to review records, determine appropriateness of records, direct referrals of inappropriate clients, determine caseload, and report to Board.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant (Supervisee)

\_\_\_\_\_  
Date

**(Both Supervisor and Applicant MUST sign)**