

PART II – DIRECTED EXPERIENCE
*****TO BE COMPLETED BY THE DIRECTOR*****

- The purpose of **DIRECTION** is to provide ongoing administrative oversight by an employer or superior in the practitioner's area of specialty.
- The Director is responsible for assuring the quality of the services provided and ensuring that qualified clinical supervision or intervention occurs in situations that require expertise beyond that of the applicant.
- The Director is specifically responsible for ensuring regularly-scheduled reviews of applicant's compliance with the Rules of the Georgia Composite Board (Chapter 135) and all relevant federal, state, and local laws and regulations.
- **NOTE: Director and applicant must describe the content of the training experience and complete Part IV, Plan for Direction Section.**
- **FAILURE TO COMPLETE ALL SECTIONS ON THIS FORM MAY RESULT IN DELAYS IN PROCESSING YOUR APPLICATION; APPLICATION MAY BE RETURNED TO YOU FOR COMPLETION BEFORE CONTINUED PROCESSING SHALL OCCUR.**

DIRECTOR

NAME: _____ TITLE/POSITION: _____

HOME TELEPHONE: () _____

OFFICE TELEPHONE: () _____

WORK SITE

APPLICANTS/APC LICENSEE NAME: _____

OFFICIAL JOB TITLE OF APPLICANT/APC LICENSEE: _____

NAME OF WORK SITE: _____

ADDRESS: _____
Street City State Zip Code

REQUIRED: Define the working relationship between applicant/APC licensee and this employment site:

- W-2 Employee
- 1099 Independent Contractor (Does not allow independent, private practice by APC)
- Non-Compensated/In-kind payment. You **must** attach a separate sheet describing the nature of the professional relationship in accordance with **135-5-.01(a) (6)**.

REQUIRED: LIST PROFESSIONAL STAFF AT EMPLOYMENT SITE (Attach a Separate Sheet, if Necessary):

1.	_____	_____	_____	_____
	Name	Degree	License (If Applicable)	Job Title
2.	_____	_____	_____	_____
	Name	Degree	License (If Applicable)	Job Title
3.	_____	_____	_____	_____
	Name	Degree	License (If Applicable)	Job Title
4.	_____	_____	_____	_____
	Name	Degree	License (If Applicable)	Job Title

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.

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 Director Printed Name Date

Subscribed and sworn before me this _____ Day of _____, 20____.

Notary Public

My Commission Expires: _____

NOTARY SEAL

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/APC LICENSEE must complete PART V, Plan for Supervision.**

SUPERVISOR

APPLICANTS/APC LICENSEE NAME: _____

PRINTED NAME OF SUPERVISOR: _____

Supervisor Credentials (Required for LPC Supervisors only): ACS # _____ or CPCS # _____

Supervisor's License Type: LPC LCSW LMFT Psychologist Psychiatrist CRC 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 Tele-Mental 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.

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 Tele-Mental 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 ***

As Director, I understand direction means the ongoing administrative oversight by me **as an employer or superior** of this applicant’s work. As Director, I understand I am **either the employer or the administrative superior** of this applicant, and I am responsible for:

- Providing direction and oversight for this applicant;
- Ensuring the applicant is provided opportunities for progression of professional counseling skills and techniques;
- Assuring the quality of the services rendered by this applicant;
- Ensuring qualified supervision or intervention occurs in situations requiring expertise beyond that of the applicant; and,
- Ensuring work site(s) include a formal structure related to the practice of professional counseling as defined in Rule 135-5-.01(a) (1). Work site(s) 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.

Signature of Director

Signature of Applicant/APC Licensee

As Director, I understand direction and clinical supervision are separate requirements **but must occur concurrently**. Administrative Supervision emphasizes conformity with administrative and procedural aspects of a work site(s). Clinical supervision emphasizes improving and developing counseling skills of the applicant.

Signature of Director

Signature of Applicant/APC Licensee

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, and I understand the agreement between the work site and the candidate should be akin to employment.

Signature of Director

Signature of Applicant/APC Licensee

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(s), 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/APC licensee.** I certify each statement is true and correct to the best of my knowledge:

Provide a brief description of the professional counseling services this Applicant/APC will provide to the public:

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

Signature of Director

Date

Signature of Applicant/APC Licensee

Date

(Both Director and Applicant/APC Licensee MUST sign)

PART V – PLAN FOR SUPERVISION

To be completed by the Supervisor and Applicant/APC Licensee

- Contract affidavit must specify the number of hours per week to meet the minimum thirty five (35) hours required per year.

Applicant/APC Licensee (printed 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.

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, 135-5-.02 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 in writing of any changes to supervisor's business address and phone number or change in credential status.
Notify the Board in writing of any interruption or proposed termination of the plan.

APPLICANT/APC LICENSEE AGREES TO: (Applicant/APC Licensee MUST initial each statement below)

- Abide by the Code of Ethics for Counselors and Therapists as specified in Board rule: Code of Ethics 135-7.
Establish and maintain a record keeping system to track the direct client contact and supervision hours. Be prepared to provide supporting documentation verifying the accuracy of information reported, if requested by the Board.
Submit requests to change or modify the "Work and/or Supervision Plan" to Board prior to implementing changes by submission of a new Contract Affidavit.
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/APC Licensee Date

(Both Supervisor and Applicant/APC Licensee MUST sign)