

SUPERVISION CONTRACT CONTINUED:

SUPERVISION CONTRACT - (Supervision to be provided to resident):

Indicate number of hours per week: supervision
_____ Individual supervision hours **per week**
_____ Group supervision hours **per week**
_____ Total work experience hours **per week**

Supervision agreement must include a minimum of 1 hour, or a maximum of four 4 hours, for every 40 hours worked.

Clinical Setting where experience is to be obtained: _____

PLEASE PROVIDE "DETAILED INFORMATION OF THE SUPERVISION TO BE GIVEN" BELOW:

SERVICES TO BE RENDERED BY THE TRAINEE WHILE IN SUPERVISION: (Include population(s) of clients to receive services, assessments to be used, and counseling techniques to be used.

I, _____, declare under penalty of perjury under the laws of the Commonwealth of Virginia that I have at least two years of post-licensure experience and have professional training in supervision, and that I will not provide supervision to _____ in areas outside of the competencies of my license to practice as a _____. As supervisor I assume responsibility for the clinical activities of the individual registered under my supervision. We hereby agree to this supervision contract which is being registered with the Virginia Board of Counseling.

Signature of Supervisor: _____ Date: _____

Signature of Resident: _____ Date: _____