

Licensure Supervision Agreement

Supervisor Information:

Supervisor Name:

Mailing Address:

Phone Number:

Email Address:

License Number:

License Expiration Date:

License Practice Designation:

Highest Degree:

Date of Degree:

Employer Name:

Position:

Supervisee Information:

Supervisor Name:

Mailing Address:

Phone Number:

Email Address:

License Number:

License Expiration Date:

License Practice Designation:

Highest Degree:

Date of Degree:

Employer Name:

General information:

Type of Plan: Initial Revised

Date of plan: _____

If Revised Plan, Why is there a Change? Supervisor Employment Scope of Practice

Type/Amount of Supervision Other Explain: _____

Supervision Start Date: _____

Anticipated End Date: _____

Supervision to be provided:

Number of total supervision hours per week: _____ One on One: _____ Group: _____

If group supervision is being done, how many individuals are in the group: _____

The following areas will be reviewed with the supervisee (presuming length of supervisory time is sufficient): Scope of practice; cultural awareness; conflict resolution; confidentiality; HIPAA; self-care; liability; documentation; ethical issues; technology issues; development of professional social work knowledge, skills and values; practice methods; and termination.

Duties, Responsibilities and Rights of Supervisee:

- Complete assignments by due date
- Bring and fill in supervision log at each meeting
- Ensure a memorandum of understanding is completed between agency of employment and supervisor
- Pay supervisor agreed upon amount at end of each meeting
- Complete licensure paperwork when all requirements are met

Duties, Responsibilities and Rights of Supervisor:

- Sign log at each meeting
- Provide forms for tracking supervisory meeting requirements
- Will make reasonable effort to return communication within 48 hours of contact
- Will maintain licensure

Your Supervision Documentation MUST Include the Following:

- ✓ Dates and duration of each supervision session
- ✓ Questions and concerns raised during the sessions
- ✓ A follow-up plan when necessary
- ✓ Cancellations of sessions and make up plans
- ✓ Both supervisor and supervisee to sign log entry at every session

****It is recommended both the supervisor and supervisee obtain practice liability insurance**

Payment:

Payment for supervision is the responsibility of _____ whose relationship to supervisee is _____. Payment for one hour of supervision is \$_____ with payment due at the end of each session.

Process for termination of supervision:

Termination occurs when the supervisor or supervisee leaves the area, when the supervisee obtains licensure or if such a time when either the supervisor or supervisee is unable to meet the obligations of this contract. If such a situation arises prompt communication will be made to inform the other party.

This contract is subject to revision at any time upon request by either the supervisor or supervisee. The contract will be reviewed every six months for the approval of both the supervisor and supervisee.

Both parties, signed below, agree to the best of their ability to uphold the guidelines specified in the supervision contract and to manage the supervisory relationship process according to the Michigan Board of Social Work and the *NASW Code of Ethics* with assurance of confidentiality.

Supervisor Signature

Supervisee Signature

Date

Date

This contract is in effect from _____ to _____

Supervisor Signature

Supervisee Signature

Date

Date

This contract is in effect from _____ to _____

Supervisor Signature

Supervisee Signature

Date

Date

This contract is in effect from _____ to _____

Supervisor Signature

Supervisee Signature

Date

Date

This contract is in effect from _____ to _____

Termination of Supervisory Agreement:

All documentation must be completed by the supervisor at the time of termination.

Anticipated contract end date: _____

I certify all of the required documentation and forms of supervision have been completed and filed with the appropriate parties

Supervisor's Signature

Date

I have received all the appropriate documentation and agree to this termination of supervisory responsibilities.

Supervisee's Signature

Date