

## Registration/Contract of Supervisor for Counseling Licensure

APPLICANT FOR:     **PROVISIONAL LICENSE**    - OR -     **TEMPORARY PERMIT**  
 CHECK ONE:       Initial Registration    Add Supervisor     Change Supervisor

### Applicant Information (Please type or print clearly)

**Applicant's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
   **Street**  **City**  **State**  **Zip**

**Business Name & Address** \_\_\_\_\_  
   **Street**  **City**  **State**  **Zip**

**Job Title:** \_\_\_\_\_

**Employer Category**     Private Practice     Non-Profit Agency     Profit Agency     Hospital  
    Federal or State Agency    College or School     Other \_\_\_\_\_

**Email address** \_\_\_\_\_

**SSN (last four # only)** \_\_\_\_\_ **Home phone** \_\_\_\_\_

**Work phone** \_\_\_\_\_ **(Ext.:**           **) Work Fax** \_\_\_\_\_

### Supervisor Information      (Please type or print clearly)

**Supervisor's Name** \_\_\_\_\_

**Business Name & Address** \_\_\_\_\_  
   **Street**  **City**  **State**  **Zip**

**Email address:** \_\_\_\_\_

Maintaining your email with the Board office is very important as it is the mode of communication we use with you and your supervisee.

**Business phone** \_\_\_\_\_ **Business Fax** \_\_\_\_\_

**Type of License** \_\_\_\_\_ **State Issued** \_\_\_\_\_ **ALPS Credential?**    Y \_\_\_\_\_ N \_\_\_\_\_

**License #** \_\_\_\_\_ **Date license first issued** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

## Supervision Contract

Purpose of this Contract: As required under Title 27, Series 1 of the West Virginia Board of Examiners in Counseling Legislative Rules must complete a period of supervision prior to full licensure. To clarify the rules of supervision and the roles of both the Approved Supervisor and Provisionally Licensed Counselor or Temporary Permittee, this contract serves as a written record verifying the agreement between the Approved Supervisor and the Provisionally Licensed Counselor, or Temporary Permittee, as approved by the Board of Examiners in Counseling, hereafter referred to as The Board.

Please note, the following terms within this contract have the following meanings, unless the context clearly indicates otherwise:

Supervisor: Approved Licensed Professional Supervisor (ALPS)

Supervisee: Provisionally Licensed Counselor, OR, Tempory Permittee

Imperative to the purpose of supervision and this contract are the following:

1. Ensuring the public welfare.
2. Promoting learning and readiness for licensure.
3. Monitoring and reporting the Supervisee's progress at regular intervals.
4. Fulfilling all requirements of the applicable state codes and regulations in preparation for licensure as a Professional Counseling in the State of West Virginia.
5. Discontinuing, or sanctioning, Approved Supervisors who do not adhere to the rules imposed for the above purposes.

### **Supervision Requirements:**

6. Approved Supervisors will provide a minimum of one (1) hour of direct individual supervision per twenty (20) hours of the Supervisee's clinical practice, with a minimum of 1 hour per week regardless of hours spent in practice. Individual supervision sessions must occur no less frequently than every 2 weeks.
7. The Supervisee shall have a minimum of \_\_\_\_\_ hours of supervised counseling experience. At least fifty percent (50%) of the supervised counseling experience, \_\_\_\_\_ hours, must be in direct client contact. PLEASE LEAVE THIS SECTION BLANK. AFTER THE CREDENTIALING COMMITTEE'S REVIEW, THIS SECTION WILL BE COMPLETED.)
8. Direct individual supervision is in person, face-to-face. However, the Board practice has been to allow no more than 50% of the supervision to be conducted in a group setting. Group and individual should be alternated weekly. Furthermore, supervision sessions do not occur in a public setting.

9. The Supervisee with the provisional license must sign all work and correspondence with the designation *Provisionally Licensed Counselor*. Acronyms are not allowed at anytime during the supervised licensure process.
10. The Supervisee will be a W-2 employee or Pro-bono employee of the agency for which the Supervisee works. Supervisees cannot work as a contract labor employee.
11. The Approved Supervisor will maintain familiarity with the Supervisee's clients' presenting concerns, treatment plans, treatment progress, and treatment termination plan. The Approved Supervisor will assure that the Informed Consent document the Supervisee is using in their work delineates the fact that they are being supervised and by whom.
12. The Approved Supervisor will intervene appropriately when client welfare is at risk.
13. In addition to thorough review of written work (e.g. notes, reports, or other written statements or documents), there must be sufficient observation of the Supervisee's work, whether in vivo or via recorded material, to enable the Approved Supervisor to provide accurate assessment of the Supervisee's performance.
14. The Approved Supervisor will provide timely and constructive feedback to the Supervisee. The Approved Supervisor subsequently reassesses the work of the Supervisee in a reasonable time frame to make certain that the Supervisee is incorporating the feedback into practice.
15. A Supervisor's Verifications and Assessment Form (SVA) shall be completed by the Supervisee and the Approved Supervisor twice during this contract to rate the performance of the Supervisee. The SVA shall be submitted to the Board office after 50% of direct contact hours are complete and at the end of the supervision period (minimum of 19 months).
16. The Approved Supervisor and the Supervisee will maintain and submit to the Board, in a timely and accurate manner, a supervision log. The quarterly reports are to be submitted within 15 days of the end of each quarter of supervision. The supervision log, in Excel format provided by the Board, is to be co-signed and dated by both Approved Supervisor and Supervisee.
17. Supervision sessions will include discussion of areas of concern, conflict, and/or failure of either party to abide by agreements and directives delineated in this supervision contract. If concerns cannot be resolved within the supervision process, either or both parties will contact the Board for assistance.
18. Clinical supervision shall not include any potentially problematic multiple relationships between the Approved Supervisor and Supervisee. Any type of business relationship outside the parameters stated in this Supervision Contract is strictly prohibited between the Approved Supervisor and Supervisee. Other potentially problematic relationships include, but are not limited to, therapeutic, familial, and financial.
19. Approved Supervisor and Supervisee understand and agree that sexual and/or romantic relationships between the two parties are always unethical and should never occur.

- 20. Both parties will maintain current knowledge of HIPAA and other pertinent legal, ethical, and regulatory guidelines and responsibilities.
- 21. In case of emergency, Supervisee will contact Approved Supervisor at locations specified herein.
- 22. If applicable, fees for supervision shall be paid as designated in this contract.
- 23. Either party can terminate this contract at any time, or both Approved Supervisor and Supervisee will notify the Board in writing within ten (10) days of any such termination. In such case, both parties are responsible for making certain the Supervisee's clients receive appropriate referrals so that any potential negative impact to treatment is held to a minimum. Supervision must be continuous, and any interruption in supervision of more than six weeks must be reported to the Board, in writing, within the first month of the interruption. Interruptions not reported in a timely manner may result in termination of the provisional license or temporary permit or other disciplinary action or sanctions as deemed appropriate by the Board.

**INDIVIDUAL CONTRACT CONDITIONS**

(TO BE COMPLETED BY SUPERVISEE AND APPROVED SUPERVISOR)

Population(s) Supervisee will serve: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific location(s) where Supervisee will provide service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific location where individual face-to-face supervision will occur: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Est. # of total counseling hrs. per week: \_\_\_\_\_ Estimated # of direct counseling hrs. per week: \_\_\_\_\_

**Identification of Goals (Please Print Clearly)**

We, the Approved Supervisor and Supervisee, have identified the following goals for our work together during the supervision term: (please use additional sheet if needed)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. Develop and utilize an Informed Consent. \_\_\_\_\_
- 5. Demonstrate working knowledge of ACA Code Ethics and apply the code toward resolving potential legal and ethical dilemmas. \_\_\_\_\_

We, the Approved Supervisor and Supervisee, will measure the effectiveness of the supervision and the success of reaching the goals of supervision in the following manner:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**In case of emergency, Supervisee will contact Approved Supervisor(s) by the following means:**

Approved Supervisor: \_\_\_\_\_

Office telephone: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

Pager: \_\_\_\_\_

Other means: \_\_\_\_\_

Other resources for emergency situations: \_\_\_\_\_

\_\_\_\_\_

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**Fee for supervision, if applicable.**

Fee for supervision shall be paid by: Supervisee - YES \_\_\_\_\_ NO \_\_\_\_\_

If other (identify): \_\_\_\_\_

Fee for supervision shall be \$\_per\_\_\_\_\_ (hour, session, etc.) to be paid on a \_\_\_\_\_ (weekly, monthly, quarterly, as billed) basis.

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This supervision contract shall be subject to revision at any time, upon the request of Approved Supervisor or Supervisee. Revisions shall only be implemented with consent and approval of both Approved Supervisor and Supervisee and approval of The Board. The undersigned Approved Supervisor and Supervisee agree to uphold the directives specified in this supervision contract and to conduct all professional activities and behavior in accordance with all applicable professional ethical standards and legal and regulatory requirements.

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➤ **TEMPORARY PERMIT:**

This contract shall be effective: \_\_\_\_\_ (issue date of temporary permit)  
and shall be terminated: \_\_\_\_\_ (expiration date of temporary permit)

Per WV Code §30-31-1 the Temporary Permit is only valid for six (6) months and may not be renewed.

➤ **PROVISIONAL LICENSE:**

This contract shall be effective: \_\_\_\_\_ (issue date of provisional license)  
and shall be terminated: \_\_\_\_\_ (expiration date of provisional license)

Earliest completion date of supervision: \_\_\_\_\_ (Per Series 1, 1500 hours being the max that can be completed in a 12 month period)

PLEASE LEAVE THIS SECTION ABOVE BLANK. WILL BE FILLED IN AFTER CREDENTIALING COMMITTEE'S REVIEW OF APPLICATION MATERIALS.

I, \_\_\_\_\_, agree to provide supervision to  
(Supervisor)

\_\_\_\_\_. As supervisor, I assume  
(Applicant)

responsibility for the supervision of the registered applicant named above. We hereby agree to this supervision contract, which is being registered with the West Virginia Board of Examiners in Counseling prior to the start of supervision. We both understand that supervision will not commence until the applicant filing this registration form completes the exam requirement with a passing score and the provisional license is in hand, OR, is approved and has been issued the temporary permit.

I, \_\_\_\_\_, (Applicant) agree to present myself for supervision for the number of hours designated in this agreement. I understand

\_\_\_\_\_ (Supervisor) is responsible for my professional activities during the time I am working under his/her supervision.

\_\_\_\_\_  
Signature of Approved Supervisor      Printed name of Approved Supervisor      Date

\_\_\_\_\_  
Signature of Applicant      Printed name of Applicant      Date

Supervision contract approved by West Virginia Board of Examiners in Counseling

\_\_\_\_\_  
Roxanne E. Clay      Date  
Executive Director

**A COPY OF THIS APPROVED CONTRACT WILL BE MAILED TO THE APPLICANT AND ALPS ONCE THE PROVISIONAL LICENSE OR TEMPORARY PERMIT IS ISSUED.**