



Associate's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

- 5) If I am an LEP, I am only supervising the provision of educationally related mental health services that are consistent with the LEP scope of practice. (Business and Professions Code (BPC) § 4996.20(a)(1)(A))
- 6) I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise associates. (16 CCR § 1870(a)(5))
- 7) I know and understand the laws and regulations pertaining to both the supervision of associates and the experience required for licensure as a clinical social worker. (16 CCR § 1870(a)(6))
- 8) I shall ensure that the extent, kind, and quality of clinical social work performed is consistent with the training and experience of the associate. (16 CCR § 1870(a)(7)(A))
- 9) I shall review client/patient records, monitor and evaluate assessment and treatment decisions of the associate clinical social worker, and monitor and evaluate the ability of the associate to provide services at the site(s) where he or she will be practicing and to the particular clientele being served, and ensure compliance with all laws and regulations governing the practice of clinical social work. (16 CCR § 1870(a)(7) (B)-(D))
- 10) I shall develop a supervisory plan as described in 16 CCR section 1870.1. The original signed plan shall be submitted to the board upon the associate's application for licensure. (16 CCR §§ 1870(a)(8), 1870.1)
- 11) I agree not to provide supervision to an associate unless the associate is a volunteer or employed by a setting that (1) lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy; and (2) provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements set forth in Chapter 14 of the BPC and is within the scope of practice for clinical social work and psychotherapy as defined in BPC section 4996.9. (BPC § 4996.23.2(d))
- 12) I shall provide the associate with this original signed form prior to the commencement of any supervision. (16 CCR § 1870(a)(9))
- 13) I shall give at least one (1) week's written notice to the associate of my intent not to certify any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where I actually provided the required supervision. (16 CCR § 1870(a)(10))

Associate's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

14) I shall complete an assessment of the ongoing strengths and limitations of the associate at least once a year and upon completion or termination of supervision and will provide copies of all assessments to the associate. (16 CCR § 1870(a)(11))

15) Upon written request of the board, I shall provide to the board any documentation which verifies my compliance with the requirements set forth in 16 CCR section 1870. (16 CCR § 1870(a)(12))

***I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet all criteria stated herein and the information submitted on this form is true and correct.***

Signature of Qualified Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: Number and Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Supervisor's Daytime Telephone Number: (        ) \_\_\_\_\_

***THE SUPERVISOR SHALL PROVIDE THE ASSOCIATE WITH THE ORIGINAL OF THIS SIGNED STATEMENT PRIOR TO THE COMMENCEMENT OF ANY SUPERVISION.***

***THE ASSOCIATE SHALL SUBMIT THE ORIGINAL SIGNED FORM TO THE BOARD UPON APPLICATION FOR LICENSURE.***