



Supervision Contract

Indicate to which LPC Associate this contract applies:

LPC Associate Name: _____

LPCA (# _____)

INSTRUCTIONS: FORMS MUST BE MAILED—NO FAXES OR EMAILS

1. **PRINT** or **TYPE** using **BLACK** Ink to complete this supervision contract.
2. **ALL SECTIONS** must be completed or the supervision contract will be returned.
3. The supervision contract should be mailed to the **NCBLPC Board Office at: NCBLPC, PO Box 77819, Greensboro, NC 27417**
4. This supervision **contract must be received and approved by the NCBLPC prior to initiation of supervision.**

Date Received: _____

Approved by: _____

Date Approved: _____

I. GENERAL INFORMATION - (Supervisor Information)

Supervisor's Name (Last, First, Middle): _____

(LPC, LCSW, etc.) _____

License Type/Number: _____

Mailing Address (Name of Workplace, Mailing Address, City, State, Zip Code):

Issuance Date: _____

Business Phone: _____

Email Address: _____

Mobile Phone: _____

II. SUPERVISION - To be completed by supervisor. Clinical Supervision is defined in Rules .0208 through .0212.

Is this an exempt setting (school, university, government agency)? Yes No

Location of Supervision— provide name of workplace, physical address and a contact phone number:

Physical Address (Street, City, State, Zip Code): _____

Business Phone: _____

Modality of Supervision to be Used - each supervision session shall utilize **at least one** of the following (check all that apply):

- Live Observation/Supervision Co-therapy Audio Recording Video Recording

Frequency of Supervision (minimum one hour of individual or two hours of group supervision per 40 hours of counseling practice as defined in Rule .0208. At least three-quarters of the hours of clinical supervision shall be individual.):

The supervisee will receive a minimum of _____ hours of individual clinical supervision weekly biweekly monthly

or a minimum of _____ hours of group clinical supervision weekly biweekly monthly

Explanation of hours (if necessary): _____

III. SUPERVISOR CREDENTIALING - If proposed supervisor is a NC - Licensed Professional Counselor Supervisor (LPCS), skip to signatures.

The following documentation **must** be submitted with this Supervision Contract:

Official transcript documenting the equivalent of 3 semester graduate credits in clinical supervision from a regionally accredited institution of higher education or 45 contact hours of continuing education in clinical supervision as defined by Rule .0603(c).

I agree to assume responsibility for the clinical work and preparation of this supervisee and will be available for consultation with the Board or its committees regarding the supervisee's competence.

Supervisor's Signature: _____

Date: _____

I understand and will abide by the requirements and expectations of supervision and the standards of clinical practice as defined by the Board.

Supervisee's Signature: _____

Date: _____