**SUPERVISION CONTRACT**

This SUPERVISION CONTRACT (“the Contract”) executed to be effective the \_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_ by and between \_\_Barbara Armitage, M.A. LPC-S (the “Supervisor”) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Applicant”).

**SUPERVISION:** The above named Supervisor agrees to provide supervision as required by the Texas State Board of Examiners of Professional Counselors to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Supervision shall be conducted a minimum of one hour per week, face-to-face supervision (whether individually or as part of a group); provided, however, that at least one-half (1/2) of the face-to-face supervision provided by the Supervisor shall involve no more than six (6) supervisees (including Applicant), and at no time during the term of this contract shall “Supervisor” provide individual supervision to more than eight (8) supervisees (including Applicant). Experience and supervision accumulated shall be documented in a log or other written record acceptable to the supervisor. It is understood that the Applicant will conduct his/her counseling services at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and that the services will comply with the rules and regulations of the agency/practice in which the Counseling Intern is completing his/her internship hours.

**FEES:** For and throughout the term of this contract the Applicant shall pay the Supervisor the sum of two hundred dollars ($200) per month. The Supervisor will provide a receipt for payment at the end of the calendar year, or at the end of the term of the contract.

**PROFESSIONAL RESPONSIBILIY:** For and throughout the term of the Contract, the full professional responsibility for the Service of Applicant shall rest with the Supervisor.

**TERMINATION:** This contract shall terminate upon the earlier to occur: (a) the completion by Applicant of the herein above-referenced 3000 clock hours of Services or (b) notice of termination (with or without cause) at any time given by either party to the other. Upon such termination, Supervisor shall be entitled to fees for services up to the effective date of such termination. Applicant shall be entitled to a copy of the records kept by Supervisor for Services rendered up to the effective date of such termination.

**PROFESSIONAL LIABILITY INSURANCE:** Applicant shall purchase and maintain at Applicant’s sole cost and expense, professional liability insurance in the minimum amount of one million dollars per occurrence and one million in the aggregate. Applicant shall provide proof of coverage upon the request of Supervisor.

**STANDARDS:** Supervisor and Applicant shall adhere to the Licensed Professional Counselor Act, and the Rules of the Board of Examiners of Professional Counselors, and the Code of Ethics of the Texas Counseling Association.

**CLIENT EMERGENCIES:** Applicant shall notify Supervisor of any client emergency. A “Client Emergency” shall be defined as circumstances under which a reasonable person would believe that:

1. The client represents serious threat to him/herself or others; or
2. Immediate therapeutic contact is reasonably necessary for the well-being of the client

**MODIFICATION OF THIS AGREEMENT:** This agreement may be modified provided:

1. The modification is evidenced in writing
2. The modification is agreeable to both parties
3. The new agreement satisfies all Board requirements

This agreement is entered into as of the date and year first above written.

SUPERVISOR APPLICANT

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Name (please print) Name (please print)

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Signature Signature

1700 Alma Drive, Suite 350 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plano, Texas 75075 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # 214-755-4422 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed Professional Counselor Licensed Professional Counselor - Intern

# 18779 Texas