

COUN 239
Site - Supervisor - Terms of
Experience MFCC / PCC Programs
AKA: "SST Form"

This is NOT an interagency contract. This is an agreement among the university counseling department, the supervised fieldwork setting, the clinical site supervisor, and the trainee ONLY. The Board of Behavioral Sciences requires this agreement.

Trainee Name: _____ Date: _____

Site Information

Name of
Organization: _____

Address: _____

City: _____, CA ZIP: _____

Telephone: _____ FAX: _____

Web Site: _____ n/a

Supervisor Information

Name: _____ Title: _____

Address: _____ Same

City: _____, CA ZIP: _____

Telephone: _____ FAX: _____ n/a

Web Site: _____ n/a

E-mail: _____

License Type: MFT LPCC LCSW Psychologist Psychiatrist

License Number: _____ Expiration Date: _____

My license is current and in "good standing" with the licensing board. Yes No

Per BBS supervision rules, I have been licensed for at least two years. Yes No

If **MFT, LPCC and LCSW ONLY**, have you completed the BBS required Supervision Course during this current license renewal period? (see note below) Yes No

SUPERVISION COURSE REQUIREMENT; "Supervisor Responsibility Statement": "I have completed six (6) hours of supervision training or coursework within the renewal period immediately preceding this supervision, and must complete such coursework in each renewal period while supervising. If I have not completed such training or coursework, I will complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of the commencement of this supervision, and in each renewal period while providing supervision."

If this is a *non-profit setting*, can you provide an IRS form 501(c)(3) for BBS verification? ***This may not be requested, but must be on hand at agency.*** Yes No

Supervision requires that you sign the "Supervisor Responsibility Statement" (provided). ***"I have read the document and agree to the terms listed thereon."*** Yes No

Term of Experience

It is *anticipated* that the trainee will work _____ hours per week at this site.

The trainee experience will **begin** on (date): _____

The trainee experience will **end** on (date): _____

Please note: The beginning and ending dates may be modified for any reason deemed necessary by the Site Supervisor in consultation with the University Supervisor.

Anticipated Treatment Provided and Client Population Served

Types of Clients:	Anticipated Contact:	Client Diversity Typical for Agency:
<input type="checkbox"/> Adult Individuals	_____ %	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Couples	_____ %	<input type="checkbox"/> African-American
<input type="checkbox"/> Families	_____ %	<input type="checkbox"/> Asian-American
<input type="checkbox"/> Children	_____ %	<input type="checkbox"/> Native American
<input type="checkbox"/> Adolescents	_____ %	<input type="checkbox"/> Disabled
TOTAL	100 %	<input type="checkbox"/> Economically Disadvantaged
Potential hours of GROUP		<input type="checkbox"/> Gay/Lesbian/Bi-sexual
Counseling per week (if any): _____		<input type="checkbox"/> Immigrant

On-Site Supervision

(a minimum of 1 "unit" is required each week that work is performed)

Trainee will receive _____ hour(s) of **individual supervision** (1 supervisor and 1 trainee) supervision per week (**1 hour = 1 "unit"**).

Trainee will receive _____ hour(s) of **triadic supervision** (1 supervisor and maximum 2 trainees for 1 hour of supervision per week).

I will be signing-off hours for licensure at the end of the traineeship. Yes No

I will provide trainee with at least one (1) form of "live supervision" (audio recording, video recording, observation, co-therapy, etc.). Yes No

ADDITIONAL COMMENTS/REQUIREMENTS: If no additional comments are added in this section, please check here and initial _____.

This is NOT an interagency contract. The interagency contract between the University (which houses the ***degree program***) and the agency (which houses the ***supervised fieldwork setting***) is a separate document which includes legal indemnification statements for both parties.

Site Supervisor Signature: _____ Date: _____

Trainee Signature: _____ Date: _____

CSUF Supervisor Signature: _____ Date: _____