

COUN 239
Site - Supervisor - Terms of Experience
MFCC and PCC Counseling 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) required for BBS verification? *This is required for trainee work in non-profit settings.* 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

Terms 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
		<input type="checkbox"/> Gay/Lesbian/Bi-sexual
		<input type="checkbox"/> Immigrant

Potential hours of **GROUP COUNSELING** per week (if any): _____

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) in supervision per week (1 hour = 1 "unit").
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Trainee will receive		hour(s) of group supervision (1 supervisor and maximum 8 trainees) in supervision per week (2 hours = 1 "unit").
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Trainee will receive		hour(s) of triadic supervision (1 supervisor and maximum 2 trainees for 1-hour supervision per week. (1 hour = 1 "unit").
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I will be signing-off hours for licensure at the end of the traineeship.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will provide trainee with at least one (1) form of "live supervision" (audio recording, video recording, observation, co-therapy, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that the BBS "trainee supervision ratio" applies to this fieldwork placement and is expected to be followed: 1-unit of supervision is to be provided for each 5-hours of client contact.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that this site is expected to provide equal opportunities for all trainees and will remain free of discrimination or harassment in any form.	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____