

C. CLINICAL SUPERVISOR

1. Shall abide by the legal and ethical standards promulgated by the professional association to which Clinical Supervisor belongs (e.g. AAMFT, CAMFT, APA, NASW, AMA, etc.).
2. Shall have met requirements for supervision of state where Agency is located (in CA: complete 6 CEUs for Clinical Supervision within 60 days of commencing supervision of the MFT or PCC student. Additional 6 CEUs for Clinical Supervision must be taken every 2 years.).
3. Shall be familiar with the state laws and regulations that govern the practice of mental health in your state, and in particular, those that directly affect the MFT and PCC Student.
4. Shall, if providing supervision to a Student on a voluntary basis, attach a copy of the written agreement between yourself and Student's Supervised Practicum Site required by Title 16, CCR Section 1833 (b) (4).
5. Shall provide Supervised Practicum Site with a copy of his or her current license and shall notify School and Student immediately of any action that may affect his or her license.
6. Shall be responsible for assuring that all clinical experience gained by Student is within the parameters of marriage and family therapy and professional clinical counseling.
7. Shall provide Student with a policy and procedure for crisis intervention and other client/clinical emergencies, in particular those that are mandated by law (e.g., child abuse, danger to self, others, etc.), over which the Clinical Supervisor has direct responsibility.
8. Shall provide Student with a minimum of one (1) hour of individual, or two (2) hours of group supervision per week (with 8 students or less in group).
9. Shall provide Student with the required minimum supervision as per the current legally mandated ratio of one (1) unit of supervision for every five (5) hours of direct client contact.
IMPORTANT: Clinical Supervisors, please note no hours of *any* kind will count if supervision has not occurred during the week in which hours were earned.
10. Shall review and sign the Student's Quarterly Practicum Log (as required by Section 1833(e) of the California Code of Regulations).
11. Shall sign and abide by the "Responsibility Statement for Supervisors" as described in Section 1833.1 of the California Code of Regulations (CCR), or Pacifica's form, "Responsibility Statement for Supervisors Outside of California".
12. Shall complete the "Marriage and Family Therapist Experience Verification" form required for CA state licensure.
13. Shall complete School's "Quarterly Supervisor Evaluation" of Student's performance at Supervised Practicum Site and submit to School Clinical Practicum Associate.
14. **Instructions to Clinical Supervisor(s):** California, Section 1833.1 (a) (9) of the BBS Regulations requires that the Clinical Supervisor monitor the quality of counseling or psychotherapy performed by the Student by direct observation, audio or video recording, review of progress and process notes or records, or by any other means deemed appropriate by the supervisor, and furthermore that the supervisor shall inform Student prior to the commencement of supervision of the methods by which the supervisor will monitor the quality of counseling or psychotherapy being performed. Also, the regulations recommend that the Clinical Supervisor use real-time data (observational or recorded) to monitor Student's performance with clients, not just Student reports.

This section of the Affiliation Agreement will serve to inform Student about the methods you will use to monitor the quality of her or his performance with clients. **Note:** If Student is to be supervised by two supervisors, each should initial below the methods to be used. It is not necessary for both supervisors to use real-time data if one supervisor uses a required method, the other may use additional methods.

15. Supervision Methods Offered (audio tape, direct observation, video tape, etc.

____ INITIALS of the **CLINICAL SUPERVISOR OF SUPERVISED PRACTICUM SITE**

____ INITIALS of the **2nd CLINICAL SUPERVISOR OF SUPERVISED PRACTICUM SITE**

Student Name: _____

SECTION III SIGNATURES

A. **For the Supervised Practicum Site (Agency Director):**

Name (please print) Title

Signature Date

B. **Clinical Supervisor (Primary):**

Name (please Print) Title

Signature Date

License (s) held _____ License # _____ Date _____

C. **Clinical Supervisor (Secondary):**

Name (please Print) Title

Signature Date

License (s) held _____ License # _____ Date _____

D. **Student:**

Name (Please Print)

Signature Date

E. **School Clinical Practicum Associate:**

Name Clinical Practicum Associate
Title

Signature Date Date Approved

Addendum. The attached Addendum to this Affiliation Agreement is part of this agreement.