

What professional title is the trainee being assigned in this setting? (Only use titles that are consistent with sections 2910(a), 2911, 2913 of the Business and Professions Code.)

Provide the organization name (if any), street address(es), and telephone number(s) of all the locations where the trainee will perform psychological services. Attach additional pages if necessary.

Organization Name

Street Address

Telephone Number

SUPERVISION PLAN

On a separate page, type your responses to the following items:

- 1. Describe the specific duties the trainee will perform as they engage in psychological activities that directly serve to prepare the trainee for the independent practice of psychology once he or she is licensed.
2. Summarize the goals and objectives of this plan for SPE, including how socialization into the profession will be achieved.
3. Describe how and when the supervisor will provide periodic assessments and feedback to the trainee as to whether or not he or she is performing as expected.

When answering each of the above questions, describe how the plan will meet the requirements of SPE as:

- an organized program that consists of a planned, structured, and administered sequence of professionally supervised comprehensive clinical training experiences. SPE shall have a logical training sequence that builds upon the skills and competencies of the trainee to prepare him or her for the independent practice of psychology once he or she becomes licensed.
• a plan that includes socialization into the profession of psychology and how this socialization will be augmented by integrated modalities including mentoring, didactic exposure, role modeling, enactment, observational/ vicarious learning, supervision, and consultative guidance.
• planned activities that address the integration of current and evolving psychological knowledge, principles, and theories to the professional delivery of psychological services to the consumer public.

-----SUPERVISION REQUIREMENTS-----

IN ADDITION TO THE ABOVE PROVISIONS, THE FOLLOWING PROVISIONS OF THIS AGREEMENT ARE TO BE COMPLETED BY BOTH THE PRIMARY SUPERVISOR AND THE TRAINEE, AND REVIEWED BY ALL SUPERVISORS:

In any supervised professional experience, the primary supervisor assumes professional and ethical responsibility for the psychological functions performed by the trainee. The supervisor is also responsible for ensuring that the supervised professional experience meets all requirements set forth in CCR section 1387 and, in the case of registered psychological associates, in CCR section 1391. Supervised professional experience under section 1387 states: SPE is defined as an organized program that consists of a planned, structured and administrative sequence of professional supervised comprehensive training experiences.

SUPERVISION REQUIREMENTS (CCR section 1387 :

THE SUPERVISOR(S) AND TRAINEE AGREE AS FOLLOWS (please check yes or no as it is reviewed):	Yes	No
The trainee will be provided with at least 1 hour of face-to-face, direct, individual supervision by the primary supervisor each week.	<input type="checkbox"/>	<input type="checkbox"/>
The trainee will be provided with supervision for 10% of the total time worked each week.	<input type="checkbox"/>	<input type="checkbox"/>
A maximum of forty-four (44) hours per week, including the required 10% supervision will be credited toward meeting the supervised professional experience requirement.	<input type="checkbox"/>	<input type="checkbox"/>
The trainee shall have no proprietary interest in the business of the primary or delegated supervisor(s) and shall not serve in any capacity that would hold influence over the primary or delegated supervisor(s)' judgment in providing supervision.	<input type="checkbox"/>	<input type="checkbox"/>
Neither the primary supervisor nor any delegated supervisors will receive payment, monetary, or otherwise, from the trainee for the purpose of providing supervision.	<input type="checkbox"/>	<input type="checkbox"/>
The trainee will not function under any other license to accrue SPE.	<input type="checkbox"/>	<input type="checkbox"/>
The supervisor(s) will maintain a clear and accurate record of trainee supervision. This record may be in the form of the SPE log required to be maintained by the trainee pursuant to CCR section 1387.5.	<input type="checkbox"/>	<input type="checkbox"/>

QUALIFICATIONS AND RESPONSIBILITIES OF PRIMARY SUPERVISORS (CCR section 1387.1 :

THE PRIMARY SUPERVISOR:	Yes	No
Must be a licensed psychologist.	<input type="checkbox"/>	<input type="checkbox"/>
Shall possess and maintain a valid, active license free of any formal disciplinary action, and will notify the trainee of any disciplinary action that affects his or her ability or qualifications to supervise.	<input type="checkbox"/>	<input type="checkbox"/>
Shall be employed in the same work setting by the same employer.	<input type="checkbox"/>	<input type="checkbox"/>
Shall be available to the trainee 100% of the time the trainee is working. This availability may be in person or through telephone, beeper, or other appropriate technologies.	<input type="checkbox"/>	<input type="checkbox"/>
Shall complete a minimum of 6 hours of supervision coursework every 2 years as described in section 1387.1(b).	<input type="checkbox"/>	<input type="checkbox"/>
Shall be in compliance at all times with the provisions of the Psychology Licensing Law or the Medical Practice Act, whichever might apply, and the regulations adopted pursuant to these laws.	<input type="checkbox"/>	<input type="checkbox"/>
Shall be responsible for ensuring that the trainee is in compliance at all times with the provisions of the Psychology Licensing Law or the Medical Practice Act, whichever might apply, and the regulations adopted pursuant to these laws.	<input type="checkbox"/>	<input type="checkbox"/>
Shall ensure that all SPE and record keeping is conducted in compliance with the Ethical Principles and Code of Conduct of the American Psychological Association.	<input type="checkbox"/>	<input type="checkbox"/>
Shall monitor the welfare of the supervisee's assigned clients.	<input type="checkbox"/>	<input type="checkbox"/>
Prior to rendering services shall inform each client that the trainee is unlicensed and is functioning under the direction and supervision of the supervisor and that any fees paid for the services of the trainee must be paid directly to the primary supervisor or employer.	<input type="checkbox"/>	<input type="checkbox"/>
Shall monitor the performance and professional development of the trainee and provide periodic assessments and feedback to the trainee as to whether he or she meets performance expectations.	<input type="checkbox"/>	<input type="checkbox"/>
Shall ensure that the supervisor has the education, training, and experience in the area(s) of psychological practice supervised.	<input type="checkbox"/>	<input type="checkbox"/>
Shall have no familial, intimate, business, or other relationship with the trainee that would compromise the supervisor's effectiveness, and/or would violate the Ethical Principles and Code of Conduct of the American Psychological Association.	<input type="checkbox"/>	<input type="checkbox"/>
Shall not supervise a trainee who is now or ever has been a psychotherapy client of the supervisor.	<input type="checkbox"/>	<input type="checkbox"/>
Shall not exploit or engage in sexual relationships or any other sexual contact with the trainee.	<input type="checkbox"/>	<input type="checkbox"/>
Shall provide a copy of the pamphlet "Professional Therapy Never Includes Sex" to the trainee.	<input type="checkbox"/>	<input type="checkbox"/>
Shall monitor the supervision performance of all delegated supervisors.	<input type="checkbox"/>	<input type="checkbox"/>

PRIMARY SUPERVISOR'S SIGNATURE

Trainee's Last Name

Trainee's First Name

I understand and accept this agreement, including, but not limited to, my duties as a supervisor, and will ensure to the best of my abilities that the trainee and all delegated supervisors will comply with the terms and conditions of this agreement. All the foregoing is true, complete, and correct.

Name: (Print or Type) _____ License #: _____

Signature: _____ Date: _____

E-mail Address: _____

QUALIFICATIONS AND RESPONSIBILITIES OF DELEGATED SUPERVISORS (CCR section 1387.2 :

THE DELEGATED SUPERVISOR(S):	Yes	No
Must be a licensed psychologist or those other licensed mental health professionals listed in section 1387(c)(1).	<input type="checkbox"/>	<input type="checkbox"/>
Shall possess and maintain a valid, active license free of any formal disciplinary action, and will notify the trainee and primary supervisor of any disciplinary action or change in license status that affects his or her ability or qualifications to supervise.	<input type="checkbox"/>	<input type="checkbox"/>
Shall be in compliance at all times with the provisions of the Psychology Licensing Law and the regulations adopted pursuant to this law.	<input type="checkbox"/>	<input type="checkbox"/>
Shall be responsible for ensuring compliance at all times by the trainee with the provisions of the Psychology Licensing Law and the regulations adopted pursuant to this law.	<input type="checkbox"/>	<input type="checkbox"/>
Shall ensure that all SPE and record keeping conducted under the supervision delegated to them is in compliance with the Ethical Principles and Code of Conduct of the American Psychological Association.	<input type="checkbox"/>	<input type="checkbox"/>
Shall monitor the welfare of the trainee's clients while under their delegated supervision.	<input type="checkbox"/>	<input type="checkbox"/>
Shall be responsible for monitoring the performance and professional development of the trainee and for reporting this performance and development to the primary supervisor.	<input type="checkbox"/>	<input type="checkbox"/>
Shall ensure that they have the education, training, and experience in the area(s) of psychological practice to be supervised.	<input type="checkbox"/>	<input type="checkbox"/>
Shall have no familial, intimate, business, or other relationship with the trainee that would compromise the supervisor's effectiveness, and/or would violate the Ethical Principles and Code of Conduct of the American Psychological Association.	<input type="checkbox"/>	<input type="checkbox"/>
Shall not supervise a trainee who is now or ever has been a psychotherapy client of the supervisor.	<input type="checkbox"/>	<input type="checkbox"/>
Shall not exploit or engage in sexual relationships, or any other sexual contact with the trainee.	<input type="checkbox"/>	<input type="checkbox"/>

DELEGATED SUPERVISOR(S) SIGNATURE(S)

I understand and accept this agreement, including, but not limited to, my duties and responsibilities as a delegated supervisor and will ensure to the best of my abilities that the trainee and I will comply with the terms and conditions of this agreement. All the foregoing is true, complete, and correct.

Name (Print or Type): _____ License #: _____

Signature: _____ Date: _____

City & State: _____

Trainee's Last Name

Trainee's First Name

Name (Print or Type): _____ License #: _____

Signature: _____ Date: _____

City & State: _____

TRAINEE'S SIGNATURE

I understand and will comply with the terms and conditions of this agreement. I will cooperate with my supervisor(s) to ensure that conditions of the supervision are fulfilled and will provide my supervisor(s) with all information necessary to supervise me on matters involving professional, ethical, or legal concerns. All of the foregoing is true, complete, and correct.

Name (Print or Type): _____

Signature: _____ Date: _____

Address: _____

City & State: _____

Phone: _____ E-mail Address: _____

Collection and Use of Personal Information

The Department of Consumer Affairs and the California Board of Psychology collect the information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act.

Access to Your Information

You may review the records maintained by the California Board of Psychology that contain your personal information, as permitted by the Information Practices Act. See contact information below.

Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. However, we may need to share the information you give us with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, you may contact the California Board of Psychology, 1625 North Market Boulevard, Suite N-215, Sacramento, CA 95834; by phone at (866) 503-3221; or by e-mail at bopmail@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834; by phone at (800) 952-5210; or by e-mail at dca@dca.ca.gov.