

CALIFORNIA BOARD OF PSYCHOLOGY SUPERVISION AGREEMENT FOR SUPERVISED PROFESSIONAL EXPERIENCE (PURSUANT TO SECTION 1387 OF TITLE 16, CALIFORNIA CODE OF REGULATIONS [CCR]) (All CCR sections refer to Title 16)

INSTRUCTIONS FOR COMPLETING THE SUPERVISION AGREEMENT:

- The purpose of this agreement is to ensure that both the supervisor and trainee understand and have a plan to comply with the laws and regulations related to the accrual of supervised professional experience (SPE). This form is provided for your convenience to help you meet the requirements pursuant to CCR section 1387.
- Review CCR sections 1387 et seq. prior to developing a plan for SPE and completing this agreement.
- Both the primary supervisor and trainee shall complete, review, and sign an agreement **prior to** the commencement of the supervised professional experience. **Experience prior to preparation of a signed agreement will not count toward licensure.**
- The primary supervisor should maintain this agreement until the trainee completes the SPE, except for trainee who applies for a Psychological Associate Registration. Applicant for a Psychological Associate Registration shall submit this agreement along with the application.
- Upon completion of the experience, the primary supervisor submits this original signed agreement with the original signed verification of experience form to the trainee in a sealed envelope signed across the seal.
- The trainee shall submit the sealed envelope containing the supervision agreement and verification of experience form to the Board along with their Application for Licensure as a Psychologist, unless it was already submitted for a Psychological Associate Registration Application.

PRIMARY SUPERVISOR:

	Last Name		First Name	Middle Initial
PSY				
License Type		License Number		
DELEGATED SUPERVIS	OR(S):			
	Last Name		First Name	Middle Initial
License Type		License Number		
TRAINEE:				
Last Name		First	Name	Middle Initial

Registration Number (if applicable)

INTRODUCTION

The above trainee will be delivering psychological services described below under one of the following categories under the California Business and Professions Code (check appropriate category):

	Business and Professions Code (BPC) section 2910 – salaried employee of an exempt setting (any government agencies, public schools, or accredited or state-approved academic institutions)
_	BPC section 2911 – graduate student/psychology intern enrolled in an internship for a doctoral degree listed in PSB 2914(b) (Provide proof of internship enrollment and copy of official internship placement contract)
	BPC section 2911 – in a formal post-doctoral training placement (Provide proof of formal post-doctoral training placement)
	 American Psychological Association (APA) Association for Psychology Postdoctoral and Internship Centers (APPIC) California Psychology Internship Council (CAPIC)
	BPC section 2913 – registered psychological associate
	Wel. & Inst. Code § 5751.2 – waiver (Provide a copy of the approved Waiver.)
(Revised	1 06/22)

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Reset Form

BUSINESS, CONSUMER SERVICES AND HOUSING AGENC

DEPARTMENT OF CONSUMER AFFAIRS

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 REQUIREMENT S------

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 defned as on organized program that consists of a planned, structured and administrative sequence of professional supervised comprehensive training experiences.**

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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. The trainee will be provided with supervision for 10% of the total time worked each week. A maximum of forty-four (44) hours per week, including the required 10% supervision will be credited toward meeting the supervised professional experience requirement. 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. Neither the primary supervisor nor any delegated supervisors will receive payment, monetary, or otherwise, from the trainee for the purpose of providing supervision. The trainee will not function under any other license to accrue SPE. 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.

QUALIFIC ATIONS AND RESPONSIBILITIES OF PRIMARY SUPERVISORS (CCR section 1387.1:

THE PRIMARY SUPERVISOR:	Yes	No
Must be a licensed psychologist.		
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.		
Shall be employed in the same work setting by the same employer.		
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.		
Shall complete a minimum of 6 hours of supervision coursework every 2 years as described in section 1387.1(b).		
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.		
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.		
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.		
Shall monitor the welfare of the supervisee's assigned clients.		
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.		
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.		
Shall ensure that the supervisor has the education, training, and experience in the area(s) of psychological practice supervised.		
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.		
Shall not supervise a trainee who is now or ever has been a psychotherapy client of the supervisor.		
Shall not exploit or engage in sexual relationships or any other sexual contact with the trainee.		
Shall provide a copy of the pamphlet "Professional Therapy Never Includes Sex" to the trainee.		
Shall monitor the supervision performance of all delegated supervisors.	\square	

PRIMARY SUPERVISOR'S SIGNATURE

Trainee's Last Name

I understand and accept this agreement, including, but not limited to, my duties as a supervisor, and will ensu		
the best of my abilities that the trainee and all delegated supervisors will comply with the terms and conditio	ns of	
this agreement. All the foregoing is true, complete, and correct.		
Name: (Print or Type) License #:		
Signature: Date:		
E-mail Address:		
QUALIFIC ATIONS 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).		
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.		
Shall be in compliance at all times with the provisions of the Psychology Licensing Law and the regulations adopted pursuant to this law.		
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.		
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		
Shall monitor the welfare of the trainee's clients while under their delegated supervision.		
Shall be responsible for monitoring the performance and professional development of the trainee and for reporting this performance and development to the primary supervisor.		
Shall ensure that they have the education, training, and experience in the area(s) of psychological practice to be supervised.		
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.		
Shall not supervise a trainee who is now or ever has been a psychotherapy client of the supervisor.		
Shall not exploit or engage in sexual relationships, or any other sexual contact with the trainee.		

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):
c .	
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.