



North Carolina Board of Licensed Professional Counselors Supervision Contract

Indicate to which LPC Associate this contract applies:

LPC Associate Name: _____ LPCA (# _____)

Confidentiality Note - The information submitted in this contract is privileged and confidential, and is intended solely for use by the North Carolina Board of Licensed Professional Counselors. N.C.G.S. §132-1.2.

INSTRUCTIONS: FORMS MUST BE MAILED—NO FAXES OR EMAILS

1. **PRINT** or **TYPE** using **BLACK** Ink to complete this supervision contract.
2. **ALL SECTIONS** must be completed or the supervision contract will be returned.
3. The supervision contract should be mailed to the **NCBLPC Board Office at: NCBLPC, PO Box 1369, Garner, NC 27529**
4. This supervision contract must be received and approved by the NCBLPC prior to initiation of supervision.

I. GENERAL INFORMATION - (*Supervisor Information*)

Supervisor's Name (Last, First, Middle): _____ License Type/Number: _____

Issuance Date: _____

Mailing Address (Name of Workplace, Mailing Address, City, State, Zip Code): _____ Business Phone: _____

Email Address: _____ Mobile Phone: _____

II. SUPERVISION - *To be completed by supervisor. Clinical Supervision is defined in Rules .0208 through .0212.*

Is this an exempt setting (school, university, government agency) ? _____ Yes _____ No

Location of Supervision—provide name of workplace, physical address and a contact phone number:

Physical Address (Street, City, State, Zip Code): _____ Business Phone: _____

Modality of Supervision to be Used - each supervision session shall utilize **at least one** of the following (check all that apply):

- Direct (Live) Observation/Supervision Co-therapy Audio Recording Video Recording

Frequency of Supervision (minimum one hour supervision per 40 hours of counseling practice as defined in Rule .0208):

The supervisee will receive a minimum of _____ hours of individual clinical supervision weekly biweekly monthly
and a minimum of _____ hours of group clinical supervision weekly biweekly monthly

III. SUPERVISOR CREDENTIALING - *The following documentation **must** be submitted with this Supervision Contract.*

Official transcript documenting the equivalent of 3 semester graduate credits in clinical supervision from a regionally accredited institution of higher education or 45 contact hours of continuing education in clinical supervision.

- ◆ *If proposed supervisor was pre-approved by the NCBLPC for any applicant prior to October 1, 2009, documentation of a minimum of 1 semester graduate credit or 15 contact hours in clinical supervision must accompany this contract. Documentation of a minimum of 3 semester graduate credits or 45 contact hours in clinical supervision must be received no later than December 31, 2012 for supervision to continue.(Rule .0209)*
- ◆ *If proposed supervisor is a NC - Licensed Professional Counselor Supervisor (LPCS), skip to signatures.*

I agree to assume responsibility for the clinical work and preparation of this supervisee and will be available for consultation with the Board or its committees regarding the supervisee's competence.

Supervisor's Signature: _____ Date: _____

I understand and will abide by the requirements and expectations of supervision and the standards of clinical practice as defined by the Board.

Supervisee's Signature: _____ Date: _____