INDEPENDENT CLINICAL SUPERVISOR

Credentialing Committee: _____

Applicant Name: _____

Agency: _____

Clinical Supervisor: _____

The Board requires the following information from all applicants submitting clinical supervision provided by a clinical supervisor who was not employed by the same agency where the applicant acquired his/her supervised work experience:

_____1. A copy of written agreements between the supervisee and the clinical supervisor.

_____2. A copy of written agreements between the clinical supervisor and the agency where the applicant acquired his/her supervised work experience which includes the following:

a. _____The nature of the supervisory relationship
b. _____The nature of the clinical supervisor's responsibilities, including compliance with the requirements set forth in A.A.C. R4-6-212
c. _____The clinical supervisor's ability to have unrestricted access to all clinical records maintained by the applicant

_____3. A copy of the applicant's informed consent for treatment documentation advises client of the name and telephone number of the clinical supervisor.

_____4. A copy of any written release of information authorization used to advise all clients that the clinical supervisor will have access to a client's confidential information and records.

_____5. A copy of all contemporaneous documentation maintained by the clinical supervisor regarding clinical supervision sessions with an applicant which demonstrates the it complies with the requirements set forth in A.A.C. R4-6-212(F)(4)

_____6. A copy of certificates of completion for all continuing education regarding the duties and responsibilities of a clinical supervisor completed after 07/01/06 or evidence that a clinical supervisor has a current certification or designation as one of the following:

a. National Board for Certified Counselors/Center for Credentialing and Education Approved Clinical Supervisor certification.
b. International Certification and Reciprocity Consortium Clinical Supervisor certification.
c. American Association of Marriage and Family Therapists Clinical Member with Approved Supervisor designation.

_____ _____
Committee Member Signature Date

_____ _____
Committee Member Signature Date