



Provisional License Supervision Agreement
Post Graduate – LMFTA/LPCA Supervisee

The undersigned have agreed to enter into this supervision agreement with the purpose and conditions summarized below:

Supervisor:

Name: Christopher D Floro Phone: 910-303-2982 (cell)
Address: 1611-B Owen Dr. Fayetteville, NC 28304 Phone: 910-483-5884 (office)
Email: cfloro@thrive-pllc.com Credentials: MAT, MAPC, MAC, LMFT, AAMFT Approved Supervisor

Counselor/Therapist:

Name: Phone:
Address:
Email: Credentials:

1. Purpose: This agreement outlines expectations and procedures for counseling supervision provided by Christopher Floro, an AAMFT Approved Supervisor and provisionally licensed LMFTA or LPCA therapists.
2. Supervision Sessions. Supervision for all supervisees will occur as scheduled and agreed upon mutually between the supervisor and supervisee. The day, time, and duration may be changed with mutual agreement but as a rule will happen Mon-Sat between the hours of 0700-1800 Eastern Standard Time (EST). **Supervision will be provided at no less than 1-hour increments and at a rate of 1 hour of supervision for every 40 hours of supervisee direct client contact but no less 1 hour per month.** It is the supervisee's responsibility to monitor the appropriate number of supervision hours they need for full licensure.
3. Fees. Supervision fees are for a minimum of 1 hour prorated to the half-hour after 60 minutes. Checks should be made payable to "Thrive Counseling & Consulting, PLLC" or paid online at www.thrive-pllc.com. **EMDR consultation will only count for supervision if we also have an active and separate EMDR consultation contract in place.** Supervision fees for Post-Grad LMFTA or LPCA is \$80 per 2-hour group or 1-hour individual supervision ~~and \$100 per hour for supervisees utilizing government credit cards and contracts.~~
4. Ethical Guidelines. The **most current American Association for Marriage and Family Therapy (AAMFT) Code of Ethics or American Counselors Association (ACA) Code of Ethics will guide the conduct of the supervisor and supervisee.** This applies regardless of supervisee's affiliation with other professional organizations.
5. Methods. The supervisor prefers 5-10 minute audio or video segments of counseling sessions with a post-observation supervisory discussion focused on the supervisee interaction with a given client. This method provides the best opportunity to observe the supervisee's skills and relationship with the client. The supervisor may also accept verbatim transcripts, or supervisee self-report as methods of supervision. **All supervision will be done face-to-face or other ways that are HIPAA compliant (i.e. Vsee).** Telephonic supervision will only be conducted in emergency situations. Didactic presentations may be made to enhance the development of the supervisee and may include readings or research. **However the vast majority of supervision time will be spent in case review and the development of the supervisee.**
6. Confidentiality. **All supervisees will abide by the highest level of confidentiality they are required to follow.** Although supervision sessions are primarily training sessions and not therapy, the supervisor and supervisee agree to observe these guidelines in safeguarding all information exchanged in supervision sessions.
7. Record-Keeping. The supervisee is required to maintain written documentation of all clinical, client and

supervision hours, using a form provided by the supervisor. Client case/sessions notes will be maintained in accordance with professional standards and **include at a minimum, 1) a background information form, 2) a signed consent for treatment form, 3) a signed personal disclosure form, and process/progress notes for each session.** Each client should be given their personal reference copy of the supervisees' personal disclosure form.

8. Evaluation. **The supervisor will provide regular verbal feedback to guide the professional development of the supervisee toward stated goals as requested.**

9. Supervisor Responsibilities. **The supervisor is committed to providing an atmosphere of trust, collegiality and encouragement for the supervisee's professional growth.** The supervisor will provide honest feedback that will indicate growth areas for the supervisee and ensure adequate time is provided to make appropriate improvements. The supervisor will allow the supervisee to work within his/her own counseling model, and will encourage them to expand conceptual thinking. The supervisor will be available for emergency contact and provide documentation of licensure and supervision credentials at the counselor's request.

10. Supervisee Responsibilities. **The supervisee will be prepared for supervision sessions with completed case presentation forms.** Each case presented will be tracked by a **case number supplied by the supervisee** and ensure the **video/audio recordings and completed supervision forms are submitted NLT 24 hours prior to the scheduled time of supervision.** The supervisee will be open to feedback, and will apply him/herself to professional development. The supervisee will provide documentation of licensure, insurance and credentials at the supervisor's request or as appropriate. The supervisee will notify each client through their required "Personal Disclosure Statement" that they are *"under supervision of Christopher Floro, LMFT (NC 1493), AAMFT Approved Supervisor."*

11. Case Materials. **Client case files, audio, and videotapes will be properly safeguarded at all times, in accordance with AAMFT and supervisee's affiliated counseling or academic organization.** Upon case closure, all digital records will be electronically erased. All supervisees will take precautions necessary to protect client confidentiality by **erasing electronic media once used and ensure that audio and video recordings only show the supervisee and not the client.**

12. Red Flag & Ethical Issues. The supervisee **will notify the supervisor of any red flag or ethical issues that arise.** This includes actual or suspected spouse abuse, child abuse, suicide, harm to self or others, extreme substance abuse, and any legal actions that could involve the counselor. Other reportable issues include exploitive contact with a client or breaches of confidentiality. These issues will be reported at the next scheduled supervision meeting, unless the situation dictates immediate notification.

13. Emergency Contact. In emergencies, call the supervisor's cell at 910-303-2982

14. Disputation. In any cases where the supervisor and counselor disagree on any matter relating to this agreement, the supervisee's clinical supervisor will serve as arbitrator.

15. Duration. This agreement is expected to remain in effect until _____, and may be extended by mutual agreement. The supervisee will not prematurely terminate the agreement period without personally notifying the supervisor, and arranging for evaluations and reports.

Supervisee/Counselor (print name/sign)	Date	Supervisor (print name/sign)	Date
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Specific Supervisee/Counselor Goals: _____
