

I. To Be Completed by SUPERVISOR

I, _____ agree to provide supervision of the type stated below for the total of _____ months. I understand that supervision will be provided at the required ratio as stated in a, b, or c of the number one below. I also agree to evaluate the performance of the supervisee on the supervision evaluation form provided by the Board.

I have administrative decision making power over the supervisee (Yes No). If yes, prior to consideration/approval of the supervision agreement, the supervisee and supervisor must appear and present a written plan for Board approval. The plan must reflect compliance with Rule Section 4.3(e) of the ACA Code, Section F.3.e and AAMFT Code Principle 4.6 and 4.1.

II. To Be Completed by the SUPERVISEE

I, _____, agree to present myself for supervision to the above-named Supervisor in agreement with the ratio approved by the Board and format arranged with the Supervisor. I understand that to complete supervision:

1. The supervision ratios must be:
 - a. Level 1: 500 clock hours at the ratio of 1: 10 (1 hour of supervision for every 10 client contact hours - Minimum of 50 hours of supervision).
 - b. Level 2: 2500 clock hours at the ratio of 1: 20 (1 hour of supervision for every 20 client contact hours - Minimum of 125 hours of supervision).
2. A supervision agreement must be approved by the Board prior to any actual performance of counseling on my part.
3. A supervision evaluation and CCH report must be submitted to the Board every six (6) calendar months after license issue date.
4. A current Board approved supervision agreement must be on file at ALL times and is a condition of the LAC or LAMFT license until the LPC or LMFT license is received. A new supervision agreement must be submitted prior to the expiration date of this supervision agreement or prior to a change of supervisors.
5. I understand that no more than 50% of the supervision time may be conducted in a group format. Fifty percent (50%) must be individual, face to face, supervision.
6. I understand that there are NO indirect hours in Level 1 & no more than 800 of the supervised hours may be indirect in Level 2
7. I understand as an LAC that no more than 50% of the CCH may be in family / group counseling. Fifty percent (50%) MUST BE individual counseling. When transcript credit is applied to Level 2, of the remaining CCH required for supervision, no more than 50% may be in family / group / relational counseling.
8. I understand as an LAMFT that 30% of the CCH (1000 hours) MUST BE in family / group / relational counseling. When transcript credit is applied to Level 2, 50% of the remaining CCH required for supervision must be in family / group / relational counseling.
9. Level 2 may be reduced or met by substituting post-Masters graduate work in counseling, not to exceed 60 semester graduate hours. No substitutions may be made for Level 1.
10. Technology-Assisted supervision MAY NOT exceed 50% of any Level. The supervisor must hold the Technology-Assisted Supervision Specialization.
11. Level 2 may be reduced by 500 CCH by passing the National Clinical Mental Health Counselor Exam (NCMHCE).

Numbers 1 – 10 complete the Arkansas requirements. If planning to apply for the National AAMFT Clinical membership, you must have 50% of 2000 CCHs with couples of families and 500 CCHs in the ratio of 1: 5 (1 hour of supervision for every 5 client contact hours). Course work may not be substitute for CCHs as required by the American Association of Marriage & Family Therapists (AAMFT).

III. To Be Completed by BOTH the SUPERVISOR and SUPERVISEE: Areas of Supervision as Specified in Statement of Intent, or Requested by Board.

<u>Supervisee</u>	<u>Approved by Supervisor (Initials)</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

I understand that an evaluation and report MUST BE submitted every six (6) months after licensure:

SUPERVISOR Signature: _____ Date: _____

SUPERVISEE Signature: _____ Date: _____

IV. To Be Completed by the Board or Board Office

Board Approval: _____ Date: _____
Board Chair

This Supervision Agreement Expires: _____

Fax not accepted. Sign, scan and email or send by U.S. Mail

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