

LAC/LAMFT Supervision Agreement

Supervisor _____ Supervisee _____

Supervision must be provided in accordance with the following requirements:

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/therapy.
3. A current Board-approved supervision agreement must be on file at ALL times. This is a condition of the LAC/LAMFT license until the LPC/LMFT license is issued.
4. An evaluation and client contact hour (CCH) report must be submitted to the Board every six (6) calendar months after license issue date.
5. Group supervision may not exceed 50% of the supervision hours.
6. Technology-assisted supervision-25 face-to-face supervision hours are required in Level I. The remainder of supervision hours may be done either in person or via technology.
7. Indirect hours may be reported in Level 2, not to exceed 800 indirect hours.
8. An LAMFT must report 1000 CCH in family/group/relational counseling.
9. Level 2 may be reduced or met by substituting post-master’s graduate work in counseling, not to exceed 60 semester graduate hours. No substitutions may be made for Level 1.
10. Level 2 may be reduced by 500 CCH by passing the National Clinical Mental Health Counselor Exam (NCMHCE).

Identify any Board required stipulations on the lines below:

The initial supervision agreement and licensing fee must be mailed or delivered to the Board office prior to issuance of license. This contract becomes active from the date approved by the Board and remains binding until the LPC/LMFT license is issued or until the agreement is officially terminated by either supervisee or supervisor.

SUPERVISOR Signature with license(s): _____ Date: _____

SUPERVISEE Signature with license(s): _____ Date: _____

To Be Completed by the Board or Board Office

Board Approval: _____ Date: _____
Board Chair

Six month report due dates: _____ AND _____

Arkansas Board of Examiners in Counseling
101 East Capitol, Suite 202
Little Rock, AR 72201
(501) 683-5800 FAX (501) 683-6349
arboec@arkansas.gov