

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL  
TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS  
Supervisory Agreement Form**



**SUPERVISORY AGREEMENT FORM**

This is not a contract between supervisee and supervisor.

This form is for individuals applying for an LPC Intern license. You and your prospective supervisor must fill this form out together. The supervisor is responsible for sending this form to the address below.

You will not receive a separate letter approving this supervisor. The issuance of the LPC Intern license represents approval of the initial supervisor agreement form.

**Please Complete Both Sides: Incomplete Forms Will Not Be Processed**

**I. Intern:**

Name: \_\_\_\_\_  
Last Name First Name M.I.

Social Security Number: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**II. Supervisor:**

Name: \_\_\_\_\_  
Last Name First Name M.I.

License #: \_\_\_\_\_ Issued: \_\_\_\_\_ Expiration Date \_\_\_\_\_

**III. Information regarding Supervised Experience:**

- **Type of Setting:** Private Practice\_\_\_ Hospital\_\_\_ School\_\_\_ Volunteer\_\_\_ Government Agency\_\_\_ Nonprofit\_\_\_ Other\_\_\_
- **Type of Counseling Experience to Be Gained:** (Check all that apply): General \_\_\_ Group \_\_\_ Marriage & Family \_\_\_ Drug & Alcohol \_\_\_ Career & Vocational \_\_\_ Rehabilitation \_\_\_ Academic\_\_\_ Child & Adolescent\_\_\_ Art Therapy\_\_\_ Other \_\_\_
- **Average Number of Hours Expected To Be Gained Per Week:** \_\_\_\_\_
- **Types of supervision to be used:** In person \_\_\_ Live internet web cam \_\_\_ other \_\_\_\_\_

***SUPERVISEE AND SUPERVISOR MUST KEEP A COPY OF THIS FORM FOR RECORDS***

**IV. Intern Acknowledgments: (Please initial each statement verifying you reviewed and agree.)**

I, as applicant, affirm all information provided by me on this form is true and accurate and I affirm the following:

\_\_\_\_\_ I have read the board rules related to supervised experience and agree all supervised experience will be completed in accordance with board rules.

\_\_\_\_\_ I will meet with my supervisor four times per month.

\_\_\_\_\_ I will abide by all rules of the board, including ethics requirements.

Applicant Name: \_\_\_\_\_  
**Supervisory Agreement Form**

\_\_\_\_\_ I understand the LPC Intern license does not give me the authority to engage in the independent practice of counseling.

\_\_\_\_\_ I understand the LPC Intern license is only valid while I practice under supervision.

\_\_\_\_\_ I will notify the board if this supervisory arrangement is terminated.

\_\_\_\_\_ I have verified that my supervisor is a current, active LPC Supervisor through the board's website.

\_\_\_\_\_ **I understand an Intern Supervisor Change Form must be sent to and approved by the board, in advance, if I wish to change or add a supervisor. I understand that it is my responsibility to verify on the board's website the supervisor change is approved before supervision begins with a new supervisor. The issuance of the LPC Intern license represents approval of the initial supervisor agreement form.**

**V. Supervisor Acknowledgments: (Please initial each statement verifying you reviewed and agree.)**

I, as the board-approved supervisor of the above-named applicant, affirm that all information provided by me on this form is true and accurate, and I affirm the following:

\_\_\_\_\_ All supervised experience will be completed in accordance with board rules related to the Code of Ethics and supervised experience and all subsequent board rules.

\_\_\_\_\_ I will provide supervision to the above named applicant four hours per month.

\_\_\_\_\_ I understand I have full professional responsibility for services provided by the applicant.

\_\_\_\_\_ I understand the supervisee cannot independently practice counseling until he/she obtains a full LPC license.

\_\_\_\_\_ I understand the supervisory arrangement must be reflected on all billing documents.

\_\_\_\_\_ I understand the supervisory arrangement is only valid while my license remains current.

\_\_\_\_\_ I will notify the board within 30 days if/when supervision ends as directed by board rule.

\_\_\_\_\_ I will keep my supervisor status current and understand that it is my responsibility to inform the intern should my supervisor status lapse.

\_\_\_\_\_ **I will verify that my intern has received an LPC Intern license before supervision begins and before he/she is assigned to me as a supervisee. I understand that no hours will count for the intern if required documentation is not approved by the board office. I will verify on the board's website that my intern has been approved to be supervised by me before supervision takes place. Both my intern and I will contact the board regarding any issue with supervision.**

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Signature of Intern

\_\_\_\_\_  
Printed Name of Supervisor

\_\_\_\_\_  
Printed Name of Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Mail to: TX BHEC TSBEP, 333 Guadalupe, Ste. 3-900, Austin, TX 78701**

Applicant Name: \_\_\_\_\_  
**Supervisory Agreement Form**