

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
TEXAS STATE BOARD OF EXAMINERS OF
MARRIAGE AND FAMILY THERAPISTS**



SUPERVISORY AGREEMENT FORM

Office Use Only:			
Plan Approved:	Yes	No	Date Approved: _____ Staff Initials: _____
Supervision Plan Approved to start on _____ (date)			

PLEASE NOTE:

- A separate Supervisory Agreement Form must be on file and approved by the board for each Supervisor.
- The board will notify the supervisee if the form is approved by the board. A copy of the completed form with the "office use only" filled out will be returned to the supervisee. Supervision may begin on the date approved by the board.
- Experience accrued without a board-approved Supervisory Agreement Form on file will not be accepted.

PLEASE PRINT OR TYPE:

I. Supervisee Information

Name: _____ Associate# (if applicable): _____

II. Board-Approved Supervisor Information (supervisor must meet the board's criteria)

Name: _____ License #: _____

Are you a board-approved supervisor? Yes No

Are you an AAMFT approved supervisor? Yes No

III. Clinical Supervision Schedule

Beginning Date of Supervision: _____

Supervision Format: Individual Group Combination

Supervision Sessions per Month: _____ Hours Individual + _____ Hours Group = _____ Total Hrs

IV. Affidavit of Understanding and Signatures

Supervisee Acknowledgments (please initial each blank)

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

_____ That I have read the board rules relating to supervised experience and that all supervised experience will be completed in accordance with the section of the board rules relating to supervised experience.

_____ That I will meet with my supervisor for a minimum of one hour of supervision every week. A supervision hour is no less than 50 minutes.

_____ That I will abide by all rules of the board including ethics requirements.

_____ That I understand the associate license does give me the authority to engage in the independent practice of marriage and family therapy under supervision.

_____ That I understand the professional responsibility for the service of the supervisee shall be a joint responsibility of the supervisor and supervisee.

_____ That I understand the supervisory arrangement must be reflected on all billing documents.

_____ That I will notify the board in writing when I am no longer being supervised by the supervisor.

Applicant Name: _____

Supervisor Acknowledgments (please initial each blank)

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

- _____ That all supervised experience will be completed in accordance with the section of the board rules relating to supervised experience and all subsequent board rules.
- _____ That I will meet with the supervisee for a minimum of one hour of supervision every week. A supervision hour is no less than 50 minutes.
- _____ That I understand the professional responsibility for the services of the supervisee shall be a joint responsibility of the supervisor and the supervisee.
- _____ That I understand the supervisee can engage in the independent practice of marriage and family therapy under supervision until s/he obtains a regular license as a Licensed Marriage and Family Therapist.
- _____ That I understand the supervisory arrangement must be reflected on all billing documents.
- _____ That I will notify the board in writing when I am no longer supervising the supervisee.

By signing this form, I am acknowledging that I have read and understood the instructions for the Supervisory Agreement Form.

Signature of Supervisee

Signature of Supervisor

Date

Date

**Associate's License #
(if applicable)**

Supervisor's License #

**MAIL TO:
TX BHEC TSBEMFT
333 Guadalupe, Ste. 3-900
Austin, TX 78701**