



Supervision Agreement

Applicant Information

Full Name:	
Address:	
Email:	Daytime Phone:

Note: The applicant and the proposed supervisor are required to complete this form with one another. The supervisory relationship between candidate and supervisor must be “at arm’s length” from one another.

Parties to the Supervision Agreement

Between _____ and _____
Proposed Supervisor (Print) Applicant/LCT/LCT-C (Print)

Copies of this contract must be held by the supervisor and the supervisee. This contract can change as necessary but only with prior consultation.

Rights and Responsibilities of Supervisor

Supervisee’s Responsibilities	Supervisor’s Responsibilities
<ul style="list-style-type: none"> Attends sessions and comes prepared. Completes assigned work. Addresses questions to supervisor about issues and progress. Asks questions and is open to receive feedback. Challenges ideas in a constructive way. Expects supervisor to follow through with agreed upon actions or provides an explanation. 	<ul style="list-style-type: none"> Monitors and ensures welfare of supervisee’s clients and provides directives for clients-at-risk. Develops supervisory relationship and establishes emotional tone. Establishes informed consent for all aspects of supervision. Clearly distinguishes and maintains the line between supervision and therapy. Ensures understanding of legal and ethical standards. Ensures supervisee is clear about roles and responsibilities. Prepares for and attends all sessions. Meets developmental needs of supervisee. Addresses identified learning objectives. Manages the overall agenda. Teaches useful techniques and interventions. Challenges and problem-solves with supervisee Observes supervisee’s practice and initiates supportive/correction action as needed. Provides feedback as per CCTNB requirements.
Responsibilities of Both Parties	
<ul style="list-style-type: none"> Adhere to the Code of Ethics and Standards of Practice of CCTNB. Ensure a high level of professionalism in all interactions. Identify and build on supervisee’s strengths. Maintain liability insurance of at least 2 million dollars. 	

Goals of Supervision

- To monitor and protect the welfare of clients seen by the supervisee.
- To develop supervisee’s professional identity and competence.
- To fulfill requirements for supervisee registration and licensure.
- To fulfill CCTNB membership and supervision requirements.

Requirements of this Agreement

- Supervisor must be a CCTNB approved supervisor
- Supervision hours may be in-person, virtual, or hybrid of both
- Supervision does not include peer supervision by a person of equivalent qualifications, status, and experience.
- A supervisor may not be a current or former family member or others where the personal relationship interferes with or makes the establishment of a professional relationship challenging.
- Supervisors in administrative relationships to the candidate, whose position involves evaluating job performance/assessing case management, are not suitable for evaluating the quality of therapy given to a client.
- A supervisor may not have served as the supervisee's on-site practicum supervision during their graduate training. Exception: This individual may act as a supervisor for up to 20 supervision hours or until the second supervision report, provided they are also a CCTNB approved supervisor.

Supervision Frequency and Duration:

- Supervision must occur **a minimum of 1 hour every 5 weeks**. Supervisors may increase the frequency of supervision in proportion to the supervisee's direct client contact hours, up to **a maximum of 1 hour for every 15 direct client contact hours**. This permits weekly supervision when a supervisee maintains a substantial caseload.

Hour Requirement Breakdown	
Total counselling hours required	2,000 hours
Direct client contact	800 hours
Supervision hours	50 hours

The overall supervision period must span **at least 2 years and no more than 5 years**.

Professional Disclosure and Signature

We have read the supervision requirements and agree to conform to them. We also understand and agree that we can't begin supervision until the applicant has been accepted into the College.

Signature: _____ Date: _____
Applicant/LCT/LCT-C

Signature: _____ Date: _____
Proposed Supervisor

