

PRIVATE PRACTICE FORMS FOR CLINICAL SUPERVISORS

INFORMED CONSENT & CONTRACT FOR CLINICAL SUPERVISION

The purpose of this document is to explain and define the role of the supervisor in the supervision process, to provide detailed information regarding the supervisor's role, to provide information regarding the supervisor's role, to provide information regarding the supervisor's role, to provide information regarding the supervisor's role.

DEFINITIONS, TERMINOLOGY, AND ABBREVIATIONS

The following definitions apply to the terms used in this document. The supervisor is the person who provides supervision to the supervisee. The supervisee is the person who is being supervised. The supervisor is the person who provides supervision to the supervisee. The supervisee is the person who is being supervised.

SCOPE OF PRACTICE

The supervisor is responsible for the supervision of the supervisee's professional practice. The supervisor is responsible for the supervision of the supervisee's professional practice. The supervisor is responsible for the supervision of the supervisee's professional practice.

WHAT TO EXPECT

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Supervisor Information

Supervisor Name: _____ Title: _____
 Working Address: _____ Phone Number: _____
 E-Mail Address: _____
 What are the terms of payment for your supervision? Per Hour Per Month Per Session

Supervisee Information

Supervisee Name: _____ Title: _____
 Working Address: _____ Phone Number: _____
 E-Mail Address: _____
 What are the terms of payment for your supervision? Per Hour Per Month Per Session

Supervision Agreement

I, the undersigned, agree to be supervised by the supervisor named above. I understand that the supervisor is not responsible for the supervision of my practice. I understand that the supervisor is not responsible for the supervision of my practice. I understand that the supervisor is not responsible for the supervision of my practice.

SCOPE AND LIMITS OF COLLABORATIVE SUPERVISION PROCESS FOR SUPERVISED EMPLOYER IN AGENCY OR OTHER SETTINGS

Supervisor: _____ Title: _____
 Supervisee: _____ Title: _____

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Supervision Details

I, the undersigned, agree to be supervised by the supervisor named above. I understand that the supervisor is not responsible for the supervision of my practice. I understand that the supervisor is not responsible for the supervision of my practice. I understand that the supervisor is not responsible for the supervision of my practice.