TEXAS STATE BOARD OF EXAMINERS OF MARRIAGE AND FAMILY THERAPISTS 1100 West 49th Street Austin, Texas 78756-3183

(512) 834-6657

SUPERVISORY AGREEMENT FORM

Complete Both Pages

To be completed by individuals who have fulfilled all academic requirements as set out in §801.113 of the Board Rules and who are applying for an Associate license.

THIS IS NOT A CONTRACT BETWEEN SUPERVISEE AND SUPERVISOR

| | THIS IS NOT A | CONTRACT BI | EI WEEN SUPERVISEE AF | ID SCI ERVISOR | | | | |
|----|---|----------------|-----------------------|--------------------|-----------------|--|--|--|
| A | PPLICANT INFORMATION | | | | | | | |
| 1. | Name: | | | | | | | |
| 2. | Social Security Number: | | | | | | | |
| 3. | Preferred Mailing Address: | | | | | | | |
| | | | (Street) | | | | | |
| | (City) | (State) | (Zip) | (Tele | ephone) | | | |
| | SUPERVISORY INFORMATION | | | | | | | |
| 4. | Name: | | | | · | | | |
| 5. | Type & Title of License Held: | | License No. | Expiration | Date: | | | |
| | Date Original License was Issued: | | State in which l | icense was issued: | | | | |
| 6. | Preferred Mailing Address: | | (Street) | | | | | |
| | (Street) | | | | | | | |
| | (City) | (State) | (Zip) | (Tele | ephone) | | | |
| | INFORMATION RELATING TO SUPERVISED EXPERIENCE | | | | | | | |
| | Name and address of organization or a setting): | ~ . | | · • | m for each | | | |
| | | | | | | | | |
| | Average number of hours expected to | | | | | | | |
| 9. | Type of employment setting: Pri | ivate Practice | Hospital | School Gover | rnmental Agency | | | |
| | Non-Profit Organization | | | | Other (specify) | | | |

I, as applicant, 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 two weeks.
- 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 will notify the board if the supervisory arrangement is terminated.

| Printed Name of Notary | Signature of Applicant | |
|------------------------|------------------------|--|
| Signature of Notary | Date | |
| (SEAL) | | |

- 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 two weeks.
- 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 he or she 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 if the supervisory arrangement is terminated.

| Printed Name of Notary | Signature of Supervisor | | |
|------------------------|-------------------------|--|--|
| | | | |
| | | | |
| Signature of Notary | Date | | |
| | | | |

(SEAL)