

**TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS**  
**1100 West 49th Street**  
**Austin, Texas 78756-3183**  
**(512) 834-6658**

**SUPERVISORY AGREEMENT FORM**

Complete Both Sides: Incomplete Forms Will Not Be Processed

PLEASE READ BEFORE COMPLETING. To be completed by individuals who have all academic requirements (master's degree in counseling or related field and 48 counseling related hours of course work, including a practicum) required in board rules and who are applying for a temporary license.

*THIS IS NOT A CONTRACT BETWEEN SUPERVISEE AND SUPERVISOR.*

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

Last Name

First Name

M.I.

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

Preferred Mailing Address: \_\_\_\_\_

Street Name

City

State

Zip

**SUPERVISORY INFORMATION:** Complete separate form for each supervisor.  
Refer to board rule §681.83 for information related to board acceptable supervisors.

Name: \_\_\_\_\_

Last Name

First Name

M.I.

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

Preferred Mailing Address: \_\_\_\_\_

Street Name

City

State

Zip

**INFORMATION RELATED TO SUPERVISED EXPERIENCE**

Name of organization or agency where experience will be gained (Complete separate form for each setting): \_\_\_\_\_

Address of organization or agency: \_\_\_\_\_

Street Name

City

State

Zip

Average Number Of Hours Expected To Be Gained Per Week: \_\_\_\_\_

Type of Setting: Private Practice\_\_\_ Hospital\_\_\_ School\_\_\_ Volunteer\_\_\_ Other\_\_\_

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\_\_\_

*Supervisor Agreement form*

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Texas Department of Health

**APPLICANT AND SUPERVISOR SHOULD KEEP A COPY OF THIS FORM FOR RECORDS**

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 related to supervised experience and that all supervised experience will be completed in accordance with board rules.

That I will meet with my supervisor at least one hour during each week of documented supervised experience.

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

That I understand the temporary license does not give me the authority to engage in the independent practice of counseling.

That I understand the temporary license is only valid while I practice under supervision.

That I understand the temporary license is invalid if I fail two consecutive examinations for licensure.

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

**That I understand any additional supervisors and settings must be approved by the board in advance.**

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Signature of Applicant

Date

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:

That all supervised experience will be completed in accordance with Subchapter C and F of the board rules related to the Code of Ethics and supervised experience and all subsequent board rules.

That I will provide supervision to the above named applicant at least one hour during each week of documented experience.

That I understand the full professional responsibility for services of the supervisee shall rest with the supervisor.

That I understand that the supervisee cannot engage in the independent practice of counseling until he or she obtains a regular license.

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

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

That I will notify the board if the supervisory arrangement is terminated.

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Signature of Supervisor

Date

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)