

Georgia Professional Counseling Center, Inc.

COUNSELING EVALUATION EDUCATION SUPERVISION CONSULTATION

Clinical Supervision toward Counseling Licensure Information and Requirements

Thank you for your interest in supervision services. Below are three documents for your review including:

1. A copy of my supervision agreement, informed consent, and policies & procedures form. Please review it prior to our introductory meeting so that we can discuss any questions you might have.
2. A “No Private Practice is Allowed,” form to document your understanding of the limits of practice without licensure.
3. A Supervisee Profile

Below you will find a checklist of items that I need from you and other requirements for us to begin a supervisory relationship:

- _____ A copy of your graduate transcript in the field that permits you to pursue clinical licensure.
- _____ A copy of your malpractice insurance verification or certificate.
- _____ A completed copy of the “No Private Practice is allowed,” form.

Please call me to schedule an individual introductory meeting to determine “goodness of fit,” it is important that you identify a Supervisor who is a good match for you and your supervision needs. If it is determined that I am not then I will provide consultation to assist you with referrals to a more appropriate supervisor. Other items to be handled during this meeting include:

- Reviewing and signing the supervision agreement
- Provision of disclosure information or guidance for your clients regarding supervision
- Consent forms for audio/video recording of clients

I look forward to working with you. Please call me as soon as possible to schedule an introductory meeting.

Sincerely,

John H. Pruett, Jr., MS, EdS, NCC, CPCS, LPC
Founder & Owner
Georgia Professional Counseling Center, Inc.

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Clinical Supervision Agreement, Informed Consent, Policies and Procedures

Purpose

The purpose of this agreement is to acquaint you with the structure of your post-graduate clinical supervision toward licensure. It includes a description of the process, your rights and responsibilities, ensures a common understanding about the supervision process, and gives you an opportunity to ask questions for clarification and understanding.

Structure & Fees

A 30 minute introductory meeting is required to determine “goodness of fit” to pursue a supervisory relationship as it relates to your supervision needs, clinical experience, goals and my clinical background, experience etc... the fee is \$50.00. If it is determined that we will not work together, then consultation and referrals will be provided upon request.

My supervision is done on an individual basis; the fee is \$100 per 50 minute session. You will be asked to attend at least 36 supervision sessions per year for at least a total of 30 hours of supervision per year.. Please note that if you must miss a session 24 - hour notice is expected.

We accept cash or check payments only.

I will record supervision hours obtained in direct relationship to the time you spent in supervision. If you are excessively late for a meetings then that will be reflected in the time recorded. Please be advised that if you can not make it to your regular group you may be able to attend a different group if I have one available.

*When you bring a new client to supervision please be prepared to provide information about the presenting problem, demographic information, brief history of problem, and a general description of treatment goals. Discussion of clients will be confined to supervision time except for emergencies (ex. client hospitalization, suicidal ideation). **If you need to reach me you may call me a 770-656-9711.** There are no additional fees for emergency consultation. In the event that you can not reach me, and you have a clinical emergency you can contact my colleague Julie Sharp at 404-915-7106.*

Supervision Process

Supervision is an interactive process intended to monitor the quality of client care, improve clinical skills, and facilitate professional growth. You can expect to receive timely feedback of your clinical interventions and to have a supportive environment in which to explore client-related concerns. You will be expected to be an active participant in the supervision process, to arrive on time and be prepared for each meeting. Twice a year you will be asked to provide one of the following a case presentation or an audio or video recording of a session between you and one of your clients highlighting any issues you wish to discuss. The format for each meeting will include follow-up on any urgent client care issues and agenda items from each participant. I will encourage you to ask questions, explore alternatives, address ethical concerns and receive feedback and suggestions on your therapeutic interventions.

The benefits of these requirements will serve to improve/support your counseling conceptualization and intervention skills and to increase your sense of professional identity. Possible risks include discomfort arising from challenges to your counseling knowledge, abilities, and/or skills. If I deem it necessary I may request that you to attend an individual evaluative

602 Abbey Court, Alpharetta, GA 30004

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supervision session.

At the end of your required time interval, 1-4 years depending upon graduate degree and the amount of time needed by the Supervisee to complete the supervised experience hours; I will complete the forms provided by the licensing board that are necessary to verify supervision and report on performance. In the event that your evaluations have reflected a lack of satisfactory required skills then I can not ethically endorse you for credentialing and licensure. Additionally, if you have not sufficiently participated by allowing me an opportunity to observe your clinical skill set then it might result in my not completing your paperwork. I will provide you with continuous feedback if I have these concerns.

Administrative Tasks and Evaluation

There will be a final summative evaluation of your clinical and professional development at the end of the supervisory relationship at which time you will also provide me with a formal evaluation of me as a supervisor. The Georgia Composite Board has adopted rules that require the Supervisee and Supervisor to take supervision notes and keep a supervision log. I will provide you with the forms that I use for such documentation. In the event that the board asks to see these notes we must both produce them.

Legal and Ethical Issues

Supervision is not intended to provide you with personal counseling or therapy. If personal issues or concerns arise, I urge you to seek counseling. The content of supervision meetings and evaluations are confidential except what I share with my supervisor or consultant(s). Information provided by other Therapists during supervision is confidential. Limits to confidentiality include, but are not limited to treatment of a client that violates the legal or ethical standards as set forth by professional associations and government agencies. You must attend a 5- hour workshop on ethics at least every 2 years. You are required to report child abuse/elder abuse, suicidal threats, and homicidal ideation to the proper authorities as well as to me immediately. As the independent clinical supervisor, I am not responsible for the your job performance, for the number of cases assigned to you or for any other aspect of your job duties or employment agreement with your employer.

With the assistance of your Employer/Director you are to become familiar with and comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA). You are also required to become familiar with the ethical guidelines the Georgia Composite Board and relevant Professional Associations such as the National Board of Certified Counselors.

Licensure

It is your responsibility to know and understand the licensing law. I am willing to discuss the law with you and give you my understanding, but the ultimate responsibility of knowing and complying with the licensing law rests with you.

Statement of Agreement

I have read and understand the information contained in this document. Signature acknowledges agreement to terms of supervisory relationship with John H. Pruett, Jr., MS, EdS, NCC, CPCS, LPC. This agreement can be terminated within 2 weeks notice at anytime by either the Supervisee or by the Supervisor. If termination is necessary all due care will be given to ensure proper client, student, or patient care.

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Please initial next to the bullet points below acknowledging your understanding of the agreement:

_____ I am responsible of paying my \$100.00 per session supervision fee.

_____ I understand that is my responsibility to keep a log of my supervision and to keep supervision notes as required by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.

_____ I understand that it is my responsibility to get 5 continuing education credits in the area of ethics every 2 years whether I am designated as an Associate Professional Counselor or not.

_____ As an Associate Professional Counselor I know that I am required to obtain 30 continuing education credits (at least 15 of those hours must be core).

_____ I understand that it is my responsibility to review the GA Composite Board ethical guidelines for Counselors, the National Board of Certified Counselors if I am a member and the American Counseling Association guidelines whether I am a member or not.

_____ I understand who to contact in the event of a clinical emergency.

_____ I know that I am responsible for my own understanding of the licensing laws.

_____ I know that it is my responsibility to understand the HIPPA regulations at my work site.

_____ I have reviewed and I understand the "No Right to Private Practice" statement.

_____ I understand that I must inform my clients that I am practicing under clinical supervision and tell them who my supervisor is and how she can be contacted.

_____ I understand that if I elect to record a session for supervision that I must provide my client with informed consent and authorization.

Supervisee Signature

Date

Supervises Name (Printed)

Supervisor Signature

Date

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No Right to Practice Statement of Understanding

The undersigned Supervisee understands that he/she has entered into an agreement which, under law, allows him/her to work toward a license as a Professional Counselor. Until the process is completed and a license is granted by the state of Georgia you are not permitted to practice privately (i.e. receive payments directly from clients for counseling services)

No Private Practice Allowed

All work must be supervised and directed by an authorized person or agency. I will provide some (perhaps all) of your supervision. Your employer will provide the direction. Your employer is...

Name

Address

City _____ ST _____ Zip _____

The person responsible for your direction is:

Phone #'s: _____

This means, among other things, that you can not receive money directly from a client. All compensation you receive must come to you directly from your employer only. By your signature below you are stating that you understand and agree to abide by this provision of the law.

Signature

Date

Print your Name

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SUPERVISEE PROFILE	
Today's Date:	
Supervisee Name & Position Title:	
Personal Mailing Address:	
Home Phone:	
Mobile Phone:	
Fax Line:	
Email Address:	
Work Mailing Address:	
Work Phone:	
Work E-mail:	
Web Site(s) Personal or Employer:	
Date of Birth:	
Graduate Degree Held & Year Obtained:	
Graduate School:	