**Supervision Professional Disclosure Statement**

<Full Name, Credentials>

Office: <Number with Area code>

Fax: <Number with Area code>

E-mail: <Email Address if you want supervisees to have one>

**Qualifications** <In paragraph form, describe the elements below.>

* The licensee’s or applicant’s highest relevant degree, year degree received, discipline of degree, and name of institution granting the degree.
* Names and numbers of all relevant credentials (licenses, certificates or registrations).
* Number of years of counseling and supervision experience.
* A statement documenting training in supervision and experience in providing supervision.
* A license applicant should include a statement indicating that he/she is pursuing licensure as a Licensed Professional Counselor Supervisor in North Carolina. (Prior to receiving LCMHCS).

**Nature of Supervision** <Modify to fit your background to describe the nature of supervision>

* A general statement addressing the model of or approach to supervision, including role of the supervisor, objectives and goals of supervision, and modalities (e.g., tape review, live observation).
* A description of the evaluation procedures used in the supervisory relationship.
* According to NC Administrative Code, each supervision must include “raw data from clinical work which is made available to the supervisor through such means as direct (live) observation, co-therapy, audio and video recordings, and live supervision” (21 NCAC 53 .0208).

**Counseling Background** <In paragraph form, describe the elements below.>

* List general areas of competence in mental health practice for which the license applicant can provide supervision (e.g. addictions counseling, school counseling, career counseling).
* Description of clientele (populations) served.
* Description of services offered (include a brief description of theoretical orientation and types of techniques used).
* Description of areas of competence (such as theoretical orientation and techniques – e.g., play therapy, EMDR, DBT, etc.).

**Confidentiality** <This section should remain the same>

The issues you discuss in supervision will be confidential with the following exceptions:

1. Your performance and conduct in this clinical experience will be described in general terms when I submit quarterly reports and verification of supervision forms to the NC Board of Licensed Clinical Mental Health Counselors and other credentialing boards or when consultation with another professional is necessary.
2. If I am asked to provide information about your clinical experience in the form of a recommendation for a job, licensure, or certification.
3. Disclosures made in triadic or group supervision cannot be absolutely guaranteed as confidential. Although I will take every measure to encourage confidentiality and act appropriately if confidentiality is not upheld.

**Session Fees and Length of Service** <In paragraph form, describe the elements below.>

* Length of sessions
* Specific fee charged for each type of session (individual, triadic, and group). If a sliding scale is used, it must be included in full with a blank for the agreed upon fee. If no fee is charged, this must be stated.
* Methods of payment accepted (cash, check, credit card, etc) and information about billing or insurance reimbursement.

**Supervisee’s Responsibilities in Supervision** <This is an optional section. Complete the section below to fit your preferences.>

1. Prepare for and attend sessions.
2. Complete homework or assignments.
3. Watch videotapes of counseling sessions and complete a tape critique.
4. Keep supervisor informed regarding all client issues and progress.
5. Maintain liability insurance at all times (minimum $1M single incident/ $3M aggregate)
6. Complete supervision record at each supervision session.

**Supervisor’s Responsibilities in Supervision** < This is an optional section. Complete the section below to fit your preferences.>

1. Prepare for and attend all sessions.
2. Provide feedback each session and a formal evaluation at each quarter and at the end of the supervision contract.
3. Review client case notes and other materials for quality control purposes.
4. Complete supervision record at each supervision session.
5. Maintain licensure as a clinical supervisor in NC and status as a NBCC approved clinical supervisor.

**Emergency Contact** <Complete section below to fit your preferences.>

In case of emergency, you can reach me by phone (\_\_\_) \_\_\_\_\_\_\_\_.

**Complaints** <This section should remain the same>

I abide by the NBCC, ACA, and NCBLCMHC Code of Ethics as well as the CCE’s Standards for the Ethical Practice of Clinical Supervision. Although supervisees are encouraged to discuss any concerns with me first, you may file a complaint against me with any of these organizations should you feel I am in violation of any of these codes of ethics.

North Carolina Board of Licensed Clinical Mental Health Counselors   
P.O. Box 77819

Greensboro, NC 27417  
Phone: 844-622-3572 or 336-217-6007  
Fax: 336-217-9450  
E-mail: [Complaints@ncblcmhc.org](mailto:Complaints@ncblcmhc.org)

**Supervision Arrangements** <Complete the section below to fit your preferences.>

We will meet on the following day and time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acceptance of Terms** <This section should remain the same>

We agree to these terms and will abide by these guidelines.

Supervisee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_