

BOARD OF MENTAL HEALTH PRACTICE

CANDIDATE FOR LICENSURE: SUPERVISION AGREEMENT

PART I - TO BE COMPLETED BY THE CANDIDATE

CIRCLE ONE: I am a candidate for licensure for:

- PASTORAL PSYCHOTHERAPIST
- LICENSED INDEPENDENT CLINICAL SOCIAL WORKER
- CLINICAL MENTAL HEALTH COUNSELOR
- MARRIAGE AND FAMILY THERAPIST
- SCHOOL SOCIAL WORKER
- LICENSED SOCIAL WORKER
- SOCIAL WORK ASSOCIATE

Signatures placed on this form authorize the release of information directly to the New Hampshire Board of Mental Health Practice through the Office of Professional Licensure and Certification.

Candidate's Full Legal Name: \_\_\_\_\_

Home Physical Address: \_\_\_\_\_

Street

City

State

Zip

Home Mailing Address if Different from Physical Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Home or Cell Phone Number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Street

City

State

Zip

Business Phone Number: \_\_\_\_\_ Title at place of employment: \_\_\_\_\_

Supervisor's name at place of employment: \_\_\_\_\_

College/University \_\_\_\_\_ Degree Awarded \_\_\_\_\_ Date of Graduation \_\_\_\_\_

	Yes	No
Have you ever been denied a certificate or license you applied for? If "Yes", attach a detailed description including the denying board(s), date of denial(s), and reason for denial(s).		
Have you ever been convicted of a felony or misdemeanor that has not been annulled? If "Yes", attach a detailed description of the offense(s) including the name of the court(s), conviction(s), and sentence(s) imposed.		
Do you suffer from an emotional disturbance, mental illness, organic illness, or addictive disorder which presently impairs your ability to serve as a mental health practitioner? If "Yes", attach a detailed description of how your ability to practice is impaired.		

Are you changing supervisors? Yes No  
 If you answer yes attach a detailed explanation for the change in supervisors.

Do you have a "Candidate for Licensure Supervision Agreement" on file with the Board? Yes No

Are you applying for conditional licensure? Yes No

**PART II - TO BE COMPLETED BY SUPERVISOR**

Supervisor's Full Legal Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip

Employer's Phone #: \_\_\_\_\_ Employer's Email address: \_\_\_\_\_

Title at Place of Employment: \_\_\_\_\_

Address of the location where the supervision shall take place: \_\_\_\_\_

\_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City State Zip

Is the location of where the supervision to take place confidential? Yes No

Does the candidate have a W-2 work relationship with the employer? Yes No

I hold a current, valid license in NH as: (Check all that apply)

- |                                                           |                                                                      |
|-----------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Pastoral Psychotherapist         | <input type="checkbox"/> Licensed Independent Clinical Social Worker |
| <input type="checkbox"/> Clinical Mental Health Counselor | <input type="checkbox"/> Marriage and Family Therapist               |
| <input type="checkbox"/> School Social Worker             | <input type="checkbox"/> Licensed Social Worker                      |

License number(s): \_\_\_\_\_

Have you been licensed in NH for more than 2 years? Yes No

Mhp 302.03(a), requires supervisors to have successfully completed one of the following. Indicate “Yes” or “No” to questions 1 – 3 and attach documentation that shows proof of completion.

- |    |                                                                                                                                                                                                    |     |    |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Graduate level course in clinical supervision?                                                                                                                                                     | Yes | No |
| 2. | Was the clinical supervision approved by one of the following?                                                                                                                                     | Yes | No |
|    | a. Association for Clinical Pastoral Education;                                                                                                                                                    |     |    |
|    | b. National Association of Social Workers;                                                                                                                                                         |     |    |
|    | c. American Mental Health Counselors Association; or                                                                                                                                               |     |    |
|    | d. American Association for Marriage and Family Therapy                                                                                                                                            |     |    |
| 3. | Does the supervisor have 12 continuing education units (CEUs) in clinical supervision through participation in a seminar or workshop approved by a Category A sponsor listed in Mhp 402.02 (a)(1). | Yes | No |

Are you an employee of your supervisee’s clinical site? Yes No

If you answered “no” to this question attach a written statement which addresses the following:

1. Your relationship to the candidate’s employer or clinical site.
2. Acknowledging that you will provide supervision at the candidate’s place of employment or the clinical site where the applicant delivers services, at a mutually convenient and ethically appropriate site, or using a virtual HIPAA compliant platform.
3. That you have knowledge of candidate’s employer’s policies.
4. How any disagreements between the contracted supervisor and the agency supervisor will be resolved.
5. The above submitted statement shall include a copy of a written agreement with the candidate’s employer that allows you to review records, files, etc. at the supervisee’s place of employment **or** clinical site. This agreement must be signed and bear the date of the signature.

I affirm that I have reviewed the candidate’s education record and it conforms with those outlined in Mhp 303, Mhp 304, Mhp 305, Mhp 306, Mhp 307, or Mhp 308 whichever refers to the appropriate candidate license type.

Additionally, I have read and am prepared to conform to the laws of New Hampshire and the Board of Mental Health Practice Administrative Rules Mhp 100-500.

\_\_\_\_\_  
Supervisors Signature

\_\_\_\_\_  
Date

PART III - SUPERVISION INFORMATION – To be completed by supervisor and candidate

What is the frequency of individual supervision? \_\_\_\_\_  
One hour of supervision is 60 minutes

What is the length of individual supervision? \_\_\_\_\_

Attach on a separate page a description of the goals of supervision.  
*Goals are the responsibility of the supervisor and the candidate. When describing goals, you shall include, but not be limited to, the following: ethics, diagnosis and assessment, theoretical applications, community resources, specific competence, and cross-cultural issues.*

\*\*\*Goals statement must be signed and dated by the Candidate and the Supervisor

PART IV - ATTESTATIONS – READ STATEMENT BELOW CAREFULLY

ALL CANDIDATES

As Candidate, I agree to provide my supervisor with all pertinent information concerning all clients and their care in order to make informed, ethical, and efficacious decisions for client care. I will inform my supervisor if I engage in any clinical activities outside of this agreement. I understand that all my clinical activity must be authorized by my supervisor. I will resolve all ethical dilemmas and practice issues as directed by my supervisor to the best of my ability. This supervision agreement does not remove any legal or civil responsibilities that I have for my actions related to this role.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

SUPERVISOR

As the Supervisor, I agree to provide my Candidate with appropriate and efficacious training, guidance, and direction to assure a valuable training experience to meet standards for the Candidate's licensure. I acknowledge that, at a minimum, under RSA 330-A:22, I will hold consistent, one-hour face-to-face meetings at the site where the Candidate works, I will assume professional and legal responsibility for the Candidate, and I will review and have access to the Candidate's clinical records. If I cease to supervise the Candidate, if my license becomes invalid, restricted, or sanctioned in NH or any other jurisdiction, or if I wish to terminate my legal and professional responsibility for the Candidate's acts or omissions, I am responsible to notify the Board and the Candidate in writing, and that until I do, I remain responsible.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

IN ADDITION TO THE STATEMENT TO BE SIGNED BY THE SUPERVISOR ABOVE THE SUPERVISOR OF A MARRIAGE AND FAMILY THERAPISTS SHALL DATE AND SIGN BELOW THE FOLLOWING

I acknowledge that, at a minimum, under RSA 330-A:22, I will hold consistent, one-hour face-to-face meetings and that I will assume professional and legal responsibility for the Candidate. I will review and have access to the Candidate's clinical records. When providing outside Marriage and Family group

supervision under Mhp 306.02(f), I will hold group face-to-face meetings with no more than six Candidates.

\_\_\_\_\_  
Supervisor's Signature & Date

**FOR ALL CANDIDATES AND SUPERVISORS TO READ AND SIGN**

All statements and information contained in this form are true and correct to the best of my knowledge and belief. I acknowledge that the provision of false information on this form is a basis for denial of this application.

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

When the board approves the agreement a copy will be sent to the candidate.

**BOARD APPROVAL:**

\_\_\_\_\_  
Board Member          Date

**EFFECTIVE DATE OF COMMENCEMENT OF SUPERVISION** \_\_\_\_\_

Mhp 302.01 (n) states "Pursuant to RSA 330-A:22, IV, no hours of supervised practice shall be credited to the candidate until the "Candidate for Licensure Supervision Agreement" has been approved by the Board."