



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301-2412
Phone: 603-271-2152

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
- CLINICAL SOCIAL WORKER
- CLINICAL MENTAL HEALTH COUNSELOR
- MARRIAGE AND FAMILY THERAPIST

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 Awarded

	Yes	No
Have you ever been denied a certificate or license you applied for and if so, the name of the denying board, the date of the denial, and the reasons for denial?		
Have you ever been convicted of a felony or misdemeanor that has not been annulled? If "Yes" on a separate sheet provide, the name of the court, the details of the offense, the date of the conviction, and sentence 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?		

Are you changing supervisors?

Yes No

If you answer yes attach a detailed explanation of why you are changing supervisors.

PART II - TO BE COMPLETED BY SUPERVISOR

Supervisor's Full Legal Name: _____

Employers Name: _____

Employer's Address: _____

Street

City

State

Zip

Employers Phone #: _____ Employers 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

All candidates must have a W-2 work relationship with employer. Do you have this type of relationship? (Independent contractor relationship not permitted) Yes No

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

Pastoral Psychotherapist Clinical Social Worker Clinical Mental Health Counselor

Marriage and Family Therapist

License number(s): _____

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

Mhp 302.01 (c)(9), 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. 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. Twelve 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/clinical site.
2. Acknowledging that you will provide supervision at the candidate’s place of employment/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/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, or Mhp 306 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

Frequency of individual supervision: _____
(One hour of supervision is 60 minutes)

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.

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 weekly, 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 ADDITON TO THE STATEMENT TO BE SINGED 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 weekly, 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 303.17 (e)(3), 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: _____