



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

**CANDIDATE FOR LICENSURE: SUPERVISION**

**AGREEMENT PART I - TO BE COMPLETED BY THE CANDIDATE**

PLEASE CIRCLE ONE: I am a candidate for licensure for:

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

The New Hampshire Board of Mental Health Practice requires this form be completed by my supervisor and me. This is your authority to release any information directly to the New Hampshire Board of Mental Health Practice.

Candidate's Name \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street

City State Zip

Email address: \_\_\_\_\_

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

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

City State Zip

Your title at your place of employment: \_\_\_\_\_

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

Your Phone Number: (H) \_\_\_\_\_ (B) \_\_\_\_\_

List the name(s) of your undergraduate school and graduate school, type of degree granted and date degree was granted.

<u>College/University</u>	<u>Degree</u>	<u>Date Granted</u>
.....		
.....		

(Circle yes or no)

1. Have you ever had a malpractice claim against you within the previous 6 years, regardless of whether a lawsuit was filed in relation to the claim?..... Yes No
2. Do you have any complaints pending against a license or certificate in any state or jurisdiction, and if so, the details of the complaint? Yes No
3. 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?..... Yes No
4. Have you ever been convicted of a felony or misdemeanor, and, if so, the name of the court, the details of the offense, the date of the conviction and the sentence imposed?..... Yes No
5. Have you ever had or currently have an emotional disturbance or mental illness, an organic illness, or addictive disorder which impaired your ability to practice mental health counseling and if so, the treatment received and the outcome of such treatment?... Yes No

**If you already have an approved Candidate Agreement on file and are changing supervisors please attach written documentation as to why you are changing supervisors.**

**NH Administrative Rules require supervision take place on site where the supervisee works, with the exception of marriage and family AAMFT approved supervision as defined by Mhp 303.17 (e)(1).**

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

Supervisor's Name \_\_\_\_\_

Business Name and Address \_\_\_\_\_

\_\_\_\_\_

Street	City	State	Zip
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Business Phone #: \_\_\_\_\_

Email address \_\_\_\_\_

Your title at your place of employment: \_\_\_\_\_

**I hold a current, valid license in NH as :** (Circle 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. Please indicate YES or NO to questions 1 – 3. Please attached documentation that shows proof of completion.

1. A graduate level course in clinical supervision? YES NO
2. A clinical supervision certificate approved by one of the following? YES NO
  - a. American Association of Pastoral Counselors;
  - 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).

Are you an employee of your supervisee's clinical site? \_\_\_\_\_ **If you answered "no" to this question please attach a written statement which addresses the following:**

1. Your relationship to the candidate's employer/clinical site.
2. A statement acknowledging you will provide supervision at the candidate's place of employment/clinical site.
3. 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.
4. A statement that you have knowledge of candidate's employer's policies.
5. How any disagreements between the contracted supervisor and the agency supervisor will be resolved.

**I have evidence that affirms the candidate has met the educational requirements for candidacy. 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.**

**SUPERVISION INFORMATION - To be completed by supervisor and candidate**

Frequency of individual face-to-face supervision: \_\_\_\_\_

(One hour of supervision is 60 minutes)

Length of face-to-face supervision: \_\_\_\_\_

*On a separate sheet of paper please describe the goals of your supervision and attach it to this form.*

**Goals are the responsibility of the supervisor and the candidate. When describing your goals you may want to consider the following areas: ethics, diagnosis and assessment, theoretical applications, community resources, specific competence and cross-cultural issues. Be sure to include a goal that addresses the Code of Ethics specific to your profession required by NH Administrative Rule Mhp 501.02. Goal statements might include something to this effect: Through supervision, by the proposed completion date, the candidate will be able to ....(list goals).**

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

**CANDIDATE - PLEASE READ CAREFULLY**

As the Candidate, I agree to provide my Supervisor with any and 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. All of 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 – PLEASE READ CAREFULLY**

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 specifically 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 and that I will assume professional and legal responsibility for the Candidate and that 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, 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, it is my responsibility to so notify the Board and the Candidate in writing, and that until I do, I remain responsible.

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Supervisor's Signature & Date

**FOR MARRIAGE AND FAMILY THERAPISTS ONLY**

If you are providing supervision for a Candidate seeking licensure as a Marriage and Family Therapist, in addition reading and signing the information above, you will also need to read the following:

I specifically 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 and that 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. In accordance with my agreement with the Candidate's place of employment, I will assume professional and legal responsibility for the Candidate and I will review and have access to the Candidate's clinical records.

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Supervisor's Signature & Date

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

ALL OF THE ABOVE STATEMENTS, AND 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 \_\_\_\_\_

**MAKE SURE YOU HAVE ATTACHED A COPY OF YOUR GRADUATE TRANSCRIPT IN A SEALED, SIGNED ENVELOPE FROM THE SCHOOL.**

**\*\*\*\*\*THE FEE FOR THE CANDIDATE FOR LICENSURE: SUPERVISION AGREEMENT IS \$25.00. Please attach a check for \$25.00 made out to the State of New Hampshire. The Agreement will be returned to you if there is no check or transcript submitted with the Agreement.**

**IF YOU ALREADY HAVE AN APPROVED CANDIDATE AGREEMENT ON FILE AND ARE SUBMITTING AN AGREEMENT WITH A NEW SUPERVISOR, THE BOARD MAY BE ABLE TO USE THE TRANSCRIPT ON FILE IF YOU REQUEST THAT WE DO SO.**

**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.”