

AGREEMENT OF SUPERVISION

It is the understanding of the Board of Psychologists of the State of Montana that

_____ will be a supervisee in connection with the practice of
(Supervisee)
psychology at the _____ conducted under the direct
(Institution or Other)
supervision of _____ who is licensed as a Psychologist in the
(Supervisor)
State of Montana. _____ assumes professional responsibility for
(Supervisor)
the psychological activities and services of _____ as required
(Supervisee)
by Administrative Rule of Montana (ARM) 24.189.607 for which the Supervisor has accepted
responsibility and over which he/she has exercised supervision. This statement constitutes the
written agreement by the ARM 24.189.607(7).

Supervisor (Signature): _____

Supervisee (Signature): _____

Date: _____

BOARD ACCEPTANCE OF THE SUPERVISION INDICATES THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCEPTABLE. IT DOES NOT INDICATE THAT THE PROPOSED SUPERVISION HAS INCORPORATED ALL REQUIREMENTS SPECIFIED IN STATE LAW SECTION 37-17-302 AND SUBSTANTIVE RULE 24.189.607 ARM. FAILURE TO HAVE INCORPORATED THESE MANDATED CONDITIONS MAY RESULT IN ACCEPTED SUPERVISION NOT ADEQUATELY FULFILLING THE REQUIRED EXPERIENCE. THUS, IT IS THE SUPERVISEE'S RESPONSIBILITY TO ENSURE THAT ALL NECESSARY CONDITIONS ARE MET. SUPERVISED EXPERIENCE ALONE DOES NOT GUARANTEE ADMITTANCE TO THE EXAMINATION OR THAT THE APPLICANT WILL ULTIMATELY BE LICENSED.

Supervisor has been licensed for three years? Yes No

Written individualized training plan developed? Yes No

Quarterly reports to be kept per ARM 24.189.607(9)(e)? Yes No

For Supervisor: List previous training and experience in supervision _____

Number of hours per week of work time to be spent by supervisee in psychological activities: _____

Place or places where supervision will take place: _____

Number of visits and hours expected to be spent by the supervisor in direct contact with the supervisee: _____

Supervisee Log or diary kept per ARM 24.189.607(10)? Yes No

Beginning date of supervision _____

List the names of two other mental health professionals who will participate in the training of the supervisee and will be on site when the supervisor is not:

- 1) _____
- 2) _____

Indicate how these individuals will participate in the training and indicate how they will address emergency situations. Please refer to ARM 24.189.607(4)(d)(ii)(A)(B) and (9) (c):

I agree to comply with the provisions of the rules regarding supervision of non-licensed persons?
Yes No

SUPERVISOR'S SIGNATURE: _____

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