

NORTH CAROLINA PSYCHOLOGY BOARD
895 State Farm Road, Suite 101, Boone, NC 28607
Telephone: (828) 262-2258 · E-mail: info@ncpsychologyboard.org
www.ncpsychologyboard.org

SUPERVISION CONTRACT FORM

A Supervision Contract Form documents either that supervision is required and being received (in Section 1), **OR** that supervision is not required (in Section 2). All provisionally Licensed Psychologists, Licensed Psychological Associates, and Applicants are required to have an accurate, up-to-date Supervision Contract Form on file with the Board at all times. Failure to comply with supervision requirements or the providing of fraudulent, misleading, or intentionally or materially false information to the Board regarding supervisory arrangements is grounds for disciplinary action. **Type or print** all information except for signatures. Original signatures are required where applicable. Complete all Generic Information as well as Section 1 **OR** Section 2. See INSTRUCTIONS FOR COMPLETING A SUPERVISION CONTRACT FORM on page 5 for further instructions and information.

GENERIC INFORMATION

Name _____ NC License # (if applicable) _____
First Middle Last

Mailing Address _____
Street/PO Box City State Zip Code

Is this a change in mailing address? ☐ Yes ☐ No E-mail Address _____

Home Telephone (____) _____ Business Telephone (____) _____ ext. _____

A. Level: (check CURRENT status)

- ☐ APPLICANT
☐ Licensed Psychologist (for consent order only)
☐ Licensed Provisional Psychologist
☐ Licensed Psychological Associate
Check supervision level. *Levels 2 and 3 and Independent Practice require that you previously have been approved by the Board.

- ☐ Level 1
☐ Level 2*
☐ Level 3*
☐ Independent Practice*

B. This contract form covers (check one)

☐ Current work setting:
(provide address even if out-of-state or in other field)
Business Name _____
Address _____
City, State, Zip _____

- ☐ Unemployment* (not working in any setting)
☐ Retirement

C. Date on which the conditions described in this contract form will/did take effect: _____
(mm/dd/yyyy)

D. This contract form (check as many as applicable)

- ☐ is my first supervision contract form **as an applicant**
☐ **replaces** previous contract form(s) for my practice at _____
under the supervision of _____, License # _____
☐ **replaces** previous contract form(s) which covered unsupervised work at _____
☐ **replaces** previous contract form which covered unemployment or retirement
☐ **covers activities** in addition to my practice at _____
supervised by _____, License # _____ (may list multiple supervisors if applicable)
☐ **covers** activities in addition to my contract form currently on file, which covers my unsupervised work
at _____
☐ shows a change in supervision level, **approved by the Board**, from Level ____ to Level ____ or to
Independent Practice

SECTION 1

Supervisory Agreement Between Supervisee and Supervisor

The Board recommends that the supervisee and supervisor keep a copy of the completed Supervision Contract Form for their records.

This section is to be completed by the supervisor of any of the following: Licensed Psychological Associates who are engaged in activities in N.C. requiring supervision; Applicants and Licensed Provisional Psychologists, who are presently involved in the practice of psychology in N.C.; or Licensed Psychologists under a consent order with the Board.

Supervisor's Name _____ License# _____

Business Telephone (____) _____ ext. ____ Is supervisor HSP-P certified in N.C.? ☐ Yes ☐ No

Business Name/Address _____
Street/PO Box _____ City _____ State _____ Zip Code _____

E-mail Address _____

1. Have you, the supervisor, or the supervisee named on Page 1, ever been denied a professional license or permit, or the privilege of taking an examination; or had any disciplinary, remedial, rehabilitative, or other action taken against a professional license, certificate, or permit (e.g., denied, suspended, revoked, reprimanded, censured, , placed on probation, or restrictions, limitations or conditions placed on practice, etc.) by any licensing or certification authority in North Carolina or in another jurisdiction; or are you aware of any pending charges against a professional license, certificate, or permit which you hold? *

.....Supervisor: ☐ Yes ☐ No
.....Supervisee: ☐ Yes ☐ No

*Board action is available on the Board website at www.ncpsychologyboard.org (select "License Verification" on the sidebar)

2. If you, the supervisor, are **not** licensed in North Carolina as a **Licensed Psychologist**, include verification of: (1) exemption status (contact Board for appropriate form); (2) licensure in another state (send copy of **current** renewal certificate or letter from state licensing board); or (3) licensure in North Carolina as a psychological associate qualified to provide supervision under Rule .2001(a)(4).

A. Provide a specific description of **the supervisee's** professional responsibilities and functions.

[Note: Supervision is not for introductory training of the supervisee in additional skills, methods, or interventions, but may include enhancement and refinement of previously learned skills.]

B. Complete if the supervisee is a **Licensed Provisional Psychologist** (see 21 NCAC 54 .2009 for time requirements) or **Applicant** (see 21 NCAC 54 .2007 for time requirements).

1. Hours per **week** engaged in the practice of psychology: _____

2. Hours allotted for individual supervision per **week**: _____

3. Number of individual supervision sessions per **week**: _____

C. Complete if the supervisee is a **Licensed Psychological Associate** (see 21 NCAC 54 .2008 for time requirements).

1. Hours engaged in activities requiring supervision per _____month _____quarter (every three months)

2. Hours allotted for individual supervision per _____month _____quarter (every three months)

3. Number of individual supervision sessions per _____month _____quarter (every three months)

D. Describe any familial or personal relationship between supervisor and supervisee:

SUMMARY OF SUPERVISION REQUIREMENTS

NATURE OF SUPERVISION ATTESTATION (Both boxes must be checked)

- ☐ I, the **supervisor**, attest that I have read and understand the Board's Supervision rules as set forth in Section .2000 of the Board's rules (http://www.ncpsychologyboard.org/nc-rules-title-21-chapter-54/Board_Rules_0821.pdf)
- ☐ I, the **supervisee**, attest that I have read and understand the Board's Supervision rules as set forth in Section .2000 of the Board's rules (http://www.ncpsychologyboard.org/nc-rules-title-21-chapter-54/Board_Rules_0821.pdf)

CONTRACTING AND REPORTING

A new supervision contract form must be filed within 30 days of a change in the conditions specified in the supervision contract form on file with the Board. A separate supervision contract form shall be filed for each separate work setting. If receiving supervision from more than one supervisor, a separate supervision contract form shall be filed with each individual supervisor. A supervisor shall submit a final supervision report within 2 weeks of termination of supervision or within two weeks of a change in the conditions specified in the supervision contract form on file.

TIME REQUIREMENTS

Psychological Associate. Activities specified in G.S. § 90-270.139(e) (assessment of personality functioning; neuropsychological evaluation; psychotherapy, counseling, and other interventions with clinical populations for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior; and, the use of intrusive, punitive, or experimental procedures, techniques, or measures) and 21 NCAC 54 .2006 require supervision. Individual supervision sessions are to be scheduled for no longer than 2 hours or less than 30 minutes.

Level 1. For a Psychological Associate with less than 3 calendar years consisting of at least 4500 hours of post licensure supervised practice, minimum supervision shall be provided as follows:

<u>No. of hours per month engaged in activities that require supervision</u>	<u>No. of hours of required individual supervision per month</u>
1 - 10	1
11 – 20	2
21 - 30	3
31 plus	4

Level 2. If a Psychological Associate does not meet the pass point of a scaled score of 500 as set forth in Rule .1901(a)(1), then, after receiving a minimum of 3 calendar years consisting of at least 4500 hours of post-licensure supervised practice a minimum of one hour per month individual supervision, the psychological associate who engages in activities requiring supervision, shall receive one hour of supervision per month, regardless of the number of hours per month engaging in activities that require supervision.

Level 3. After a minimum of 3 calendar years consisting of at least 4500 hours of post-licensure supervised practice, as set forth above in Rule .2008(h)(1), or 5 calendar years of post licensure supervised experience, as set forth in Rule .2008(h)(2) if a psychological associate does not meet the scale score of 500, a minimum of one hour every three months of individual supervision shall be provided to a psychological associate who engages in activities requiring supervision

Applicants and Other Non-licensed Individuals. Applicants and individuals who have yet to apply shall not practice or offer to practice psychology without supervision. All activities comprising the practice of psychology are subject to review by a supervisor. A minimum of one hour per **week** of regularly scheduled face-to-face individual supervision is required.

Provisional Psychologist. A minimum of 2 years consisting of at least 3000 hours of supervised practice is required. A minimum of 1 calendar year consisting of at least 1500 hours of this supervised practice shall be accrued at the post-doctoral level. One year of supervised experience shall meet all of the Board specified criteria for a training program in psychology. One year shall meet all of the following criteria: supervision shall be provided for all activities which comprise the practice of psychology; a minimum of one hour per **week** of face-to-face, individual supervision shall be provided; the experience shall consist of a minimum of 1 calendar year, shall include 1500 hours of practice, and shall be completed within a consecutive 4-year period.

AFFIDAVIT - Each party to this contract hereby attests to the accuracy of the information presented herein and agrees to meet the conditions and responsibilities specified herein and in the N.C. Psychology Practice Act (G.S. § 90-135 et seq.) and Board rules. For the supervisor, this includes attestation that he/she will maintain supervisory records in accordance with 21 NCAC 54 .2001(e)(8).

Supervisee's Signature

Date

Supervisor's Signature

Date

SECTION 2 Attestation That Supervision is not Required

The Board recommends that you keep a copy of the completed Supervision Contract Form for your records.

This section is to be completed by Licensed Psychological Associates whose professional practice is limited to those activities which do not require supervision, by Provisional Licensed Psychologists and by Applicants who are not presently involved in the practice of psychology in North Carolina.

A. Provide a specific description of activities *(even if such are not related to the practice of psychology in North Carolina)*:

B. I certify that supervision is not required for the activities described in Item A of this Section for following reason(s):

☐ I am a **Licensed Psychological Associate**, and I am not engaged in activities specified in G.S. § 90-270.139(e) or 21 NCAC 54 .2006 as requiring supervision for Licensed Psychological Associates.

[Note: This option is NOT applicable to Applicants or provisionally Licensed Psychologists.]

☐ I am licensed by the North Carolina Board of Education as a school psychologists and serve as an employee or contractor of the Department of Public Instruction or a public school unit, as set forth in G.S. § 90-270.138(c).

Name of public school unit _____.

[Attach copy of school psychologist license issued by the NC Board of Education. If you are engaged in practice or activities in addition to those described above (e.g., in private practice, or if you are employed as a contract employee by another school system), you must file a separate Supervision Contract Form with the Board to cover your additional activities.]

☐ I am only engaged in activities which constitute a part of my course of study.

Name of educational institution _____

[Attach letter from the head of your graduate program which verifies that the activities described in this Contract Form constitute a part of your course of study.]

☐ I am unemployed. *[not working in any setting]*

☐ I am retired. *[not working in any setting]*

☐ I am not practicing psychology in North Carolina.

☐ I have been approved for Independent Practice by the Board and confirm that I have completed at least 4,000 hours of post-licensure supervised experience within a 24- to 60-month period, that my performance during those hours was rated at least average or above average, and that I meet all requirements for independent practice under SL 2025-37.

☐ Other *(specify)* _____

AFFIDAVIT

I attest that my activities as described in this Section do not require supervision as indicated above. Further, I agree that if my activities as described in this Section change in the future, I will notify the Board of the change and file the appropriate supervision contract form within 30 days of the change.

Licensee's/Applicant's Name (type or print name)

Signature

Date

INSTRUCTIONS FOR COMPLETING A SUPERVISION CONTRACT FORM

Carefully read all instructions. Form will be returned if all applicable information is not supplied. Contact the NC Psychology Board office at 828-262-2258 if you need assistance.

1. **Type or print** except for signatures.
2. Provide all Generic Information.
3. Complete *only one* Section per Contract Form.
4. Section 1 must be completed by supervisors of licensees and applicants who are required to receive supervision.
5. Section 2 must be completed by licensees and applicants who are not required to receive supervision.

Page 1:

GENERIC INFO:

- Complete with ALL current contact information of supervisee

ITEM A:

- Indicate the status of licensure and your supervision level

ITEM B:

- Indicate your current work setting and address OR if you are unemployed/retired

ITEM C:

- Indicate the date that you began engaging in activities requiring supervision. NOTE: this date can NOT be future dated.

ITEM D:

- Check the appropriate box to indicate what this contract is covering.
- Once you have been approved for a change in supervision levels you are required to submit a supervision report and contract.

Page 2 (Section 1):

GENERIC INFO:

- Complete with supervisor's current contact information.

ITEM 1:

- Answer yes OR no to indicate disciplinary actions for the supervisee and supervisor.

ITEM 2:

- Be sure to submit appropriate documentation.

ITEM A:

- Indicate what the supervisee's professional responsibilities and function will be while they are under your supervision.

ITEM B **OR** ITEM C:

- Complete item B if you are an applicant or provisionally licensed.
- Complete item C if you are licensed as an LPA or LP under consent order.
 - Indicate if the hours are monthly or quarterly (every three months) according to the rules set forth in 21 NCAC 54 .2008

ITEM D:

- Indicate if there is any relationship between the supervisee and supervisor.

Page 3 (Responsibilities and Signatures)

Page 4 (Section 2):

ITEM A:

- Indicate a specific description of ALL activities supervisee is engaged in

ITEM B:

- Check the appropriate box to indicate why you do not required supervision.

AFFIDAVIT / SIGNATURE