AGREEMENT TO PROVIDE SUPERVISED COUNSELING EXPERIENCE

This agreement was made and entered into this _____ day of _____(month), 20___, by and between _____ (Applicant Name) (hereinafter Applicant) and _____ (hereinafter Supervisor) and _____ (hereinafter Facility). (Licensure Supervisor Name) (Facility Name)

WITNESSETH:

WHEREAS, Applicant has applied or intends to apply for licensure as a professional counselor pursuant to Section 337.510, RSMo, and in connection with said application, Applicant must practice professional counseling under the supervision of an acceptable supervisor, as approved by the Committee for Professional Counselors, with a minimum acceptable supervised experience of 3,000 hours pursuant to 20 CSR 2095-2.021; and

WHEREAS, Supervisor is willing to provide supervision of Applicant in connection with the supervised counseling experience required in connection with Applicant's application for licensure as a professional counselor and Supervisor is an acceptable Supervisor as approved by the Committee for Professional Counselors, and

WHEREAS, the facility has an interest in Applicant obtaining his/her license as a professional counselor and is, therefore, willing to assist and cooperate in Applicant's completion of requirements for said licensure.

Now, therefore, the parties agree as follows:

1. Applicant will practice professional counseling in accordance with the requirements of 20 CSR 2095-2.020 and 2.021 in order to obtain the required supervised counseling experience in connection with the application for licensure as a professional counselor pursuant to 337.510, RSMo.

2. Supervisor will provide supervision as required pursuant to 20 CSR 2095-2.020 and 2.021 for Applicant to satisfy the minimum acceptable supervised experience in connection with the application for licensure as a professional counselor in accordance with Section 337.510, RSMo.

3. The facility will allow Supervisor access to records and/or files of clients/patients receiving counseling from the Applicant in accordance applicable laws and regulations regarding client/patient confidentiality.
4. Supervisor will maintain the confidentiality of any records, files, or discussions regarding clients/patients receiving counseling from the Applicant and will not utilize any information contained therein for any purpose other than the proper supervision of Applicant as required by 20 CSR 2095-2.020 and 2.021.
5. This agreement shall terminate when the applicant is licensed as a professional counselor (LPC) or upon written notification by any party to the other parties to this agreement.

_____ _____

Applicant Signature Date Supervisor Signature Date

Print name _____ Print name _____

Job Title _____

_____ Supervisor's License Number_____

Facility Name

_____

Facility Representative Signature Date

This contract shall be maintained as part of the registration of supervision application.