

SOCIAL WORK DEVELOPMENT CENTER, LLC.

CONTRACT FOR SUPERVISION FOR CLINICAL LICENSURE

THIS CONTRACT MUST BE SIGNED BEFORE BEGINNING SUPERVISION

USE THE FLORIDA'S BOARD WEBSITE TO VERIFY THE DATE & STATUS OF THE SUPERVISEE'S & SUPERVISOR'S LICENSES & THE SUPERVISORY APPROVAL DATE

This contract is made by and between _____ (hereinafter referred to as the Supervisee) and _____ (hereinafter referred to as the Supervisor).

This contract is effective as of the date of signing; will remain effective until the supervisory relationship ends; and may be terminated immediately if the supervisor does not maintain the necessary qualifications.

The supervisor agree to provide supervision in compliance with the requirements for independent practice work licensure in the State of Florida and in accordance with the terms below. The parties mutually agree to the following:

A. MEETING FREQUENCY AND DURATION

[Supervision is required by regulation at the rate of ATLEAST (4) hours of supervision a month.]

One hour of supervision shall be conducted as scheduled with supervisee. Supervisory sessions will occur for one hour utilizing face-to-face electronic methods. Group sessions (if available) will take place every other week, and individual/triadic (up to two supervisees at a time) will be scheduled in between group sessions. Group will consist of no more than one supervisor and six supervisees ration.

- If the meeting is to be missed by supervisee, the supervisee must contact the supervisor as soon as possible to cancel and re-schedule the meeting.
- If the meeting is to be missed by the supervisor, the supervisor must contact the supervisee as soon as possible to cancel and reschedule the meeting.
- Should the supervisee need more supervision time, it will be scheduled in advance of the need.

NOTE: The emergency rule in response to COVID-19 allows qualified supervisors to utilize face-to-face electronic methods (including telephone only communication) to conduct all supervision sessions for internship hours.

B. PAYMENT FOR SUPERVISION SESSIONS

- Supervisee has agreed to pay \$50.00 per hour for individual supervision.
- ~~Supervisee has agreed to pay _____ [amount] per hour for group supervision.~~

[In accordance to FAC Rule: 64B4-2.002 each hour of group supervision must alternate with an hour of individual supervision.]

C. SUPERVISION GUIDELINES

1. Professional and ethical conduct expected
2. All FL Social Work Board paperwork to be brought to the first supervision session (licensing packet with reporting dates, signature documents, etc.)
3. All contacts will be a part of supervision for the duration of this agreement
4. Unprofessional demeanor, speech and interaction observed or reported will be discussed during supervision.
5. A job description and agency policies related to social work to be provided by established timeframe, including client consent for treatment and understanding of supervisory oversight.
6. Adherence to supervision defined [supervision will occur for a minimum of once a week for one hour; and any additional expectations agreed upon supervisor and supervisee.
7. Work done in the supervisory session will follow the usual rules of confidentiality. Permission to use client names and appropriate identifying information, as well as acknowledgement of supervisor oversight and consent for treatment should be obtained.

D. SUPERVISOR EXPECTATIONS

1. Qualify as a Board approved LCSW or LCSW-QS in Florida and maintain this designation for the duration of the supervision.
2. Provide or ensure that a supervisee receives supervision pursuant to *Section 491.0045(3), Florida Statutes, and Rule 64B4-3.008, F.A.C.*
3. Conduct supervision with a focus on the raw data from the supervisee's clinical work
4. Provide supervision according to the standards outlines in Florida Department of Health Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling and Regulations governing the Practice of Social Work
5. Conduct supervision according to NASW Code of Ethics
6. Offer supervisee advice, support, consultation, and challenge to enable the supervisee to reflect in depth on the issues affecting the supervisee's practice. Respect supervisee's confidentiality and that of the supervisee's clients; except if the supervisee engaged in or attempts to engage in any unsafe, unethical or illegal practice that are harmful to clients and that the supervisee is unwilling or unsuccessful in addressing with the supervisor.

E. SUPERVISEE EXPECTATIONS

1. Read and understand *Rule Chapter 64B4-2, F.A.C. for the time of supervision required by Section 491.005, F.S.*
2. Attend all sessions on time as agreed to in this contract or in future negotiations to meet the needs of both the supervisor and the supervisee.
3. Participate in supervision with a goal of increasing competency in clinical practice and keeping with the FAC Board Regulation and NASW Code of Ethics.
4. Insure clients are properly informed of the LCSW's practice being supervised and all client signature documents are obtained and available to the supervisor for review.
5. Provide appropriate current raw data and clinical materials for supervision
6. Make effective use of time by preparing for the sessions, developing an agenda, bringing a list of clients served during the week to discuss, and/or preparing notes.
7. Take and keep notes about the sessions to assist in practice and development of clinical skills
8. Be willing to learn, to develop clinical skills and be open to receiving input, challenges and suggestions.
9. Share all materials sent to or receiving from the FL Social Work Certification and Licensure Board.

10. Be responsible for timely payment of supervision fees.

F. DURATION AND TERMINATION OF CLINICAL SUPERVISION

- This supervision arrangement is valid as long as the supervisee and supervisor both mutually agree. At any time either party is dissatisfied with this arrangement for any reason or need to end supervision for any reason, this agreement will expire after a thirty (30) day notice is provided by the party requesting that the service end.
- The notice period will be used to assure that all documentation kept by each part if fully shared with the other party and required reporting documentation is completed.
- Your post-master clinical experience hours obtained under supervision will be documented on the Verification of Clinical Experience Form *Pursuant to Section 491.009(1)(r), Florida Statutes*.

This is an agreement for clinical supervision between the parties mentioned above and below. This agreement is subject to revision at any time by mutual agreement of all parties. This agreement may be revoked by any party by giving written notice to the others. It shall remain in effect from the date signed below until it is revised or revoked.

LCSW-QS Supervisor Signature
Jerline Baltimore, LCSW-QS
License # SW15185

Date: _____

Supervisee Signature

Date: _____

Agency Supervisor Signature (if applicable)

Date: _____

COPY OF SIGNED CONTRACT DISTRIBUTED TO ALL PARTIES INVOLVED