Supervisor: Angela K. Waggoner, MA, LPC-S, NCC

Address: 9639 Scarsdale, Ste 103 Pearland, TX 77581 Mailing: P.O. Box 2476 Pearland, TX 77588

Telephone: Office: (281) 946-0997 Cell: (281)678-4622

Supervisee:

Address:

Telephone:

I, **Angela K. Waggoner, LPC-S,** agree to provide clinical supervision for state licensure to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (supervisee) for an average of one hour per week of face-to-face supervision. Supervision fees are NOT PER SESSION, but extend throughout the month so the supervisee may work in the field of counseling per state law as well as account for the supervisor’s on-going liability. This arrangement will be in effect for a minimum of 18 months, as required by the state licensing board. I will complete evaluation/reference forms necessary to verify this supervision and I will report on the supervisee’s performance during this period of time to the appropriate licensing board for purposes of the state licensing and/or professional credential applications. In case of incapacitation, all practice records, including supervision files, are legally deeded to **Steve Christopherson, LPC, Pro-Act, 2501 Pasadena Blvd, Pasadena, TX 77502, (713) 475-0072.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will maintain and provide proof of professional liability insurance and follow the rules and regulations set forth by the state licensing board and laws. Supervisee will notify all clients of their licensing status (LPC-Intern) in writing and must never misrepresent him/her in any manner (written or verbal). The contract will be voided in entirety if supervisee does not follow license rules or laws, effective time of infraction. Supervisee will be required to keep weekly case notes, identify goals for supervisory sessions, conduct live, audio, or videotaped sessions as requested and permitted, and submit weekly hours earned toward licensure. Supervisee will continuously and actively earn hours toward full licensure. Any exceptions will be discussed and contract amended.

The purpose of this supervision is to enable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to satisfy the clinical supervision component for full licensure of the Texas State Board of Examiners of Professional Counselors. As the independent clinical licensure supervisor, I, **Angela K. Waggoner, LPC-S,** am not responsible for e the supervisee’s job performance or for the number or types of cases assigned to him/her or for any other aspects of his/her job duties or employment agreement that are beyond my control due to law or employer policy (i.e. HIPPA, FERPA).

Supervisee will notify the supervisor of any change in site(s) or the addition of a licensure supervisor. Either the supervisor or the supervisee may terminate this agreement with 30 days written notice.

Period of time: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: 9639 Scarsdale, Ste 103 Pearland, TX 77581

Fee for Service: $260 per month (paid by the 25th) Payment Method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Missed Appointment Fee: $60 per missed appointment without 24 hours notification or emergency documentation

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_