



Oklahoma Board of Licensed Alcohol and Drug Counselors

P. O. Box 54388
Oklahoma City, OK 73154
Telephone: (405) 840-8908
Fax: (405) 840-8311

SUPERVISOR/SUPERVISEE CONTRACT

SUPERVISEE _____

Home Address – Street _____

City/ State/ Zip _____

Home Phone (_____) _____ Home Email _____

EMPLOYING AGENCY/ POSITION _____

Agency Address- Street _____

City/ State/ Zip _____

Agency Phone (_____) _____ Agency Fax (_____) _____

Agency Email _____

LADC Position is: Full Time Part-Time Contract Work Number of hours per week _____
One-year full time or equivalent part-time of qualifying supervision with LADC. **(Attach Job Description)**

CADC Position is: Full Time Part-Time Contract Work Number of hours per week _____
Two years full time or equivalent part-time of qualifying supervision with CADC. **(Attach Job Description)**

****Supervisee may not report more than 60 hrs per week***

SUPERVISOR _____ **LICENSE NUMBER** _____

Supervisor employed within Supervisee's Agency Supervisor outside agency

Licensure Level(s) _____

EMPLOYING AGENCY _____

Agency Address- Street _____

City/ State/ Zip _____

Agency Phone (_____) _____ Agency Fax (_____) _____

Agency Email _____ Home Email _____

Supervisee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Specify Frequency of Supervision:

- A. Supervisees will receive at least 4 hours of face-to-face supervision per month at a rate of one hour per week.
- B. Supervisees and supervisors will meet on a regular schedule of two hours per week, every other week, of face-to-face contact. (Supervisors and supervisees with existing contracts who want to have a regular schedule of every other week face-to-face contact must submit a revised supervision contract indicating the change in schedule.)
- C. When unforeseen circumstances arise that result in a supervisor receiving less than four hours per month, or less than every other week face-to-face contact with a supervisor, the supervisee and supervisor shall provide notice of such circumstances to the board for approval. The plan may include designation of a back-up or alternate supervisor. The supervisee must enter into a supervision contract with the alternate supervisor and submit the contract to the board for approval. **See below**

SECONDARY SUPERVISOR _____

LICENSE NUMBER _____

- Supervisor employed within Supervisee's Agency Supervisor outside agency

Licensure Level(s) _____

EMPLOYING AGENCY _____

Agency Address- Street _____

City/ State/ Zip _____

Agency Phone (____) _____ Agency Fax (____) _____

Agency Email _____ Home Email _____

Supervisee Signature: _____ **Date:** _____

Secondary Supervisor Signature: _____ **Date:** _____

This contract must be submitted prior to beginning of supervision, along with supervisee's official transcript and current job description. It is agreed that the supervisor at times as outlined in these guidelines will provide written evaluations. Copies of the evaluation will be provided to the supervisee. Such evaluation will become part of the supervisee's personnel file if supervision is being provided by the agency, either through a qualified staff member or through a qualified supervisor engaged by the agency. It is agreed that if either party terminates this contract, the Oklahoma State Board of Licensed Alcohol and Drug Counselors will be notified in writing within 14 days as stated in Oklahoma State Rules (38:10-9-4 (b)(3) and (c)(3)). The undersigned agree to adhere to the guidelines for supervision provided to both parties.

Group supervision is limited to 50 % of the total supervision provided. There is a maximum of six supervisees in a group.

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STAFF/ BOARD USE ONLY SECTION

Reviewed by: _____

Approved: YES NO

Date supervision may begin: