



Oklahoma Board of Licensed Alcohol and Drug Counselors

P. O. Box 54388
Oklahoma City, OK 73154
Telephone: (405) 521-0779
Fax: (405) 521-0291

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 \_\_\_\_\_

Form box containing checkboxes for LADC and CADC positions with options for Full Time, Part-Time, and Contract Work, and a requirement to attach a job description.

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

SUPERVISOR \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

Supervisor employed within Supervisee's Agency or 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.*

*Oklahoma Board of Licensed Alcohol and Drug Counselors*

PO Box 54388 -- Oklahoma City, OK 73154-0388

Phone: (405) 521-0779

Fax: (405) 521-0291

**STAFF/ BOARD USE ONLY SECTION**

Reviewed by: \_\_\_\_\_

Approved:  YES  NO

Date supervision may begin: