

# Clinical Supervisor Agreement

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The mission of the Mental Health and Recovery Services (MHRS) Clinical Supervision Program is to provide excellence in clinical supervision training and maximum support to the new and existing clinical supervisors, who are HCA employees. In order to develop and support a high-quality workforce, we ask that you meet the following criteria:

1. Have Supervisor/Service Chief and Program Manager approval prior to submitting the agreement. They are both required to approve and sign the agreement.
2. Have a Performance Evaluation at the “Meets” or “Exceeds” expectations level.
3. Understand and meet accepted standards of documentation, provision of service within your program.
4. Take initiative in practicing strong clinical, legal, and ethical standards within program, (i.e. exemplify good leadership skills).
5. Maintain a fully active and valid clinical license within your discipline. Any current suspension or other discipline by the BBS or Board of Psychology will negate the possibility of acting as a clinical supervisor, unless otherwise stated by your respective licensing board.

To fully participate in the discipline of clinical supervision, we have determined that the following criteria will give you the greatest possible success. As a clinical supervisor, you agree to the following:

- I will participate in one initial 15-hour training (unless already completed or unless licensed as a clinical psychologist or physician), then regular 6-hour training updates once every license renewal period.
- I will participate in bi-monthly supervisory consultation groups for at least the first year (*this applies to new clinical supervisors only*).
- I will seek individual consultation with another clinical supervisor as necessary.
- I will adhere to the HCA MHRS P&P regarding Clinical Supervision Requirement<sup>1</sup>

## Goals:

In the field below, please list up to 3 trainings or topics that would assist your growth as a clinical supervisor.

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<sup>1</sup> HCA/MHRS/P&P: 09.03.01 2023 Clinical Supervision Requirement - [Clinical Supervision Requirements \(ochealthinfo.com\)](https://ochealthinfo.com)

# Clinical Supervisor Agreement

Please complete the following Clinical Supervisor Agreement:

Full Name (Last, First)	
Job Title	
Email address	
Program Name	
Employee Number	
License Number	
License Type:	<input type="checkbox"/> LCSW <input type="checkbox"/> LMFT <input type="checkbox"/> LPCC <input type="checkbox"/> Ph.D./Psy.D.
Status:	<input type="checkbox"/> New Clinical Supervisor <input type="checkbox"/> Existing Clinical Supervisor

I, \_\_\_\_\_, (enter staff name) certify that I understand the responsibilities regarding clinical supervision and that the clinical supervision provided meets the requirements as specified by the Board and any supervisee that I clinically supervise will remain in supervision until they have become licensed.

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**

**Supervisor/Service Chief/Program Manager to Complete:**

Is the clinical supervisor's most recent performance evaluation a "meets" or "exceeds" expectation?

YES     NO  
(select one)

How many hours a week is the clinical supervisor able to routinely commit towards providing quality clinical supervision without impeding on their main job responsibilities?

\_\_\_\_\_  
**Estimated Total hours/week.**

\_\_\_\_\_  
**Supervisor/Service Chief Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor/Service Chief Signature**

\_\_\_\_\_  
**Program Manager (or designee) Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Program Manager (or designee) Signature**

Please route this agreement to your Service Chief, Program Manager, and then send the completed agreement to [AQISManagedCare@ochca.com](mailto:AQISManagedCare@ochca.com) and [BHTS@ochca.com](mailto:BHTS@ochca.com) with the Subject Line: "Clinical Supervision CSA for (enter your First and Last Name)"