

# SUPERVISION CONTRACT FORM 101

What does interior design have to do with *supervision*?



A guide to understanding the  
Supervision Contract Form

PLEASE TYPE EXCEPT FOR SIGNATURE. COMPLETE THE APPROPRIATE SECTION.

S E C T I O N 1

- A. Name of Supervisee \_\_\_\_\_ License No. \_\_\_\_\_  
B. Name of Supervisor \_\_\_\_\_ License No. \_\_\_\_\_  
C. Functions of supervisee \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
D. Supervision format (e.g. case reports, observation, review of tapes, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
E. Estimated number of hours per month to be engaged in activities requiring supervision \_\_\_\_\_  
F. Time per week/month allotted for individual supervision \_\_\_\_\_  
G. It shall be the responsibility of the supervisee and supervisor to report annually, in letter form, to the Board of Examiners that the agreed upon supervision has occurred.  
H. The parties of the contract agree to meet the conditions specified above and further to notify the Board of any substantial changes in the conditions.

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Supervisee

Signed before me the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
Notary Public My commission expires \_\_\_\_\_

S E C T I O N 2

I attest that my functioning as a psychological associate is limited to those activities that do not require supervision. I agree that should my functioning change in the future, so that supervision is required, I will notify the Board of this change and initiate the appropriate supervision contract.

\_\_\_\_\_  
~~Psychological Associate~~

Signed before me the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
Notary Public My commission expires \_\_\_\_\_

## BACKGROUND INFORMATION

The Supervision Contract Form, in its earliest days, was a one-page, one-sided document, in which one attested that he or she engaged in activities requiring supervision, or one attested this his or her functioning was limited to activities not requiring supervision. Many licensees and applicants today would probably cheer for the revival of the one-page contract form. But, a little background is necessary to understand why the form is in its current, four-page state.

## BACKGROUND INFORMATION CONTINUED...

In the days of the one-page contract, the Board did not require a description of activities and duties, and as a result, some individuals incorrectly attested they were not engaged in activities requiring supervision. So, the contract went through a facelift, adding three additional pages.

There was a Section 1 portion for individuals engaging in activities requiring supervision, Section 2 for individuals not engaging in activities requiring supervision, Section 3 for school psychologists practicing under their North Carolina Department of Public Instruction licenses, and a Section 4 for individuals not practicing psychology period. In the mid-90's, the contract was simplified to two sections, one for individuals engaging in activities requiring supervision, and one for those who were not.

## THE PURPOSE OF THE SUPERVISION CONTRACT FORM

The Supervision Contract Form does one of two things:

1. Documents that supervision *is needed*, *is* being received, and *why*.
2. Documents that supervision *is not* needed and *why*.

For many individuals, the name of the form is a stumbling block. Many think, "But I'm not doing anything that requires supervision...how could I possibly need a *Supervision* Contract Form?" If the title is confusing for you, try to think of the contract form as an "Employment Status Verification Form." The contract form verifies your status (employed or unemployed) and your activities (even if not the practice of psychology). Right, but what does *interior design* have to do with *supervision*?

A contract must be on file at all times and needs to cover current activities, even if those activities may be seeking employment, staying at home with children, or starting up your very own interior design company. And, a separate contract is required for each work setting. Therefore, if you are practicing full-time and teaching part-time, two separate contracts are required to be on file to document that.

## THE PURPOSE OF THE SUPERVISION CONTRACT FORM CONTINUED...

One of the three required items to even apply for licensure in North Carolina is the Supervision Contract Form. Therefore, if you are an applicant, LPA, or LP-Provisional in NC, you have a Supervision Contract Form on file.

A revised or new Supervision Contract Form is required to be filed within 30 days of a change in the conditions specified in the contract on file with the Board.

*A few examples of when a new contract needs to be filed might be if you:*

1. Change work settings/work status
2. Begin working at an additional work setting
3. Increase/decrease work hours
4. Change supervisors
5. Have applied and been approved by the Board to receive reduced supervision, and are changing work and/or supervision hours
6. Change professional responsibilities and functions

## THE DIFFERENCE BETWEEN A "CONTRACT" AND A "REPORT"

Although the Supervision Contract Form and Supervision Report Form contain some of the same information, they are completely different documents, each having its own purpose.

### SUPERVISION CONTRACT FORM

- Four-page document
- Must be notarized
- Covers current and future activities
- Must be filed within 30 days of a change in the contract on file with the Board
- Is valid for as long as it accurately reflects current activities and conditions.

### SUPERVISION REPORT FORM

- Two-page document
- Does not require notarization
- Reports on past activities [activities that are listed in contract(s) already on file with the Board]
- Must be filed within 2 weeks of a change in (or termination of) the contract on file with the Board
- Must be submitted annually by LPAs and biannually by LP-Provisionals to report that contracts on file are up-to-date and accurate.

### SUPERVISION CONTRACT FORM

A Supervision Contract Form documents either that supervision is required and being received (in Section 1), **OR** that supervision is not required (in Section 2). All provisionally Licensed Psychologists, Licensed Psychological Associates, and Applicants are required to have an accurate, up-to-date Supervision Contract Form on file with the Board at all times. Failure to comply with supervision requirements or the providing of fraudulent, misleading, or intentionally or materially false information to the Board regarding supervisory arrangements is grounds for disciplinary action.

**Type or print** all information except for signatures. Original signatures are required where applicable. Complete all Generic Information as well as Section 1 **OR** Section 2. See INSTRUCTIONS FOR COMPLETING A SUPERVISION CONTRACT FORM for further instructions and information.

#### GENERIC INFORMATION

Name \_\_\_\_\_ NC License # (if applicable) \_\_\_\_\_  
First Middle Last

Preferred Mailing Address \_\_\_\_\_  
Street/PO Box City State Zip Code

Is this a change in mailing address?  Yes  No

E-mail Address \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Business Telephone (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

**A. Level: (check CURRENT status)**

- Licensed Provisional Psychologist  
 Licensed Psychological Associate  
Check supervision level. \*Levels 2 and 3 require that you previously have been approved by the Board.  
 Level 1  
 Level 2\*  
 Level 3\*  
 Applicant

**B. This contract form covers (check one)**

- Current work setting:  
(provide address even if out-of-state or in other field)  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
 Unemployment\*      \*not working in  
 Retirement\*              any setting

**C. Date on which the conditions described in this contract form will/did take effect:** \_\_\_\_\_  
(mm/dd/yyyy)

**D. This contract form (check as many as applicable)**

- is my first supervision contract form as an applicant  
 replaces previous contract form(s) for my practice at \_\_\_\_\_  
under the supervision of \_\_\_\_\_, License # \_\_\_\_\_  
 replaces previous contract form(s) which covered unsupervised work at \_\_\_\_\_  
 replaces previous contract form which covered unemployment or retirement  
 covers activities in addition to my practice at \_\_\_\_\_  
supervised by \_\_\_\_\_, License # \_\_\_\_\_ (may list multiple supervisors if applicable)  
 covers activities in addition to my contract form currently on file, which covers my unsupervised work at \_\_\_\_\_  
 is part of an alternate supervision plan (attach copy of plan)  
 shows a change in supervision level, approved by the Board, from Level \_\_\_\_ to Level \_\_\_\_

## GENERIC INFORMATION: THE WHO, WHERE, WHEN, & WHAT OF THE CONTRACT

To whom does this contract form pertain? How does the Board get in touch with that individual if there is inaccurate information on the form? Accurate contact information is imperative.

## GENERIC INFORMATION: THE WHO

Accurate contact information is imperative. The Generic Information tells the Board to whom the contract pertains, and how to contact that individual if necessary.

GENERIC INFORMATION						
Name	Jane	Elizabeth	Doe	NC License # (if applicable)	1234	
	First	Middle	Last			
Preferred Mailing Address	789 Imagination Lane			Neverland	NC	28910
	Street/PO Box			City	State	Zip Code
Is this a change in mailing address?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
E-mail Address	jane.doe@yahoo.com					
Home Telephone ( 336 )	262-3456		Business Telephone ( 336 )	265-7891		ext. 125
<b>A. Level: (check CURRENT status)</b>						
<input type="checkbox"/> Licensed Provisional Psychologist						
<input checked="" type="checkbox"/> Licensed Psychological Associate						
Check supervision level. *Levels 2 and 3 require that you previously have been approved by the Board.						
<input checked="" type="checkbox"/> Level 1						
<input type="checkbox"/> Level 2*						
<input type="checkbox"/> Level 3*						
<input type="checkbox"/> Applicant						

If you cannot remember which preferred address is on file, or if you're not sure if you've previously notified the Board of the change, check "Yes" just to be on the safe side. If you check "No" or leave the question blank, staff will not know to update your address.

All psychological associates are approved for "Level 1" supervision (this includes school psychologists practicing under DPI licensure) until they apply and *obtain approval from the Board* to receive reduced supervision. To be eligible for Level 2 supervision, a licensee must be licensed for a minimum of 3 calendar years and must have accrued at least 4500 hours of supervised practice. For Level 3, a licensee must be licensed for 5 calendar years with 7500 hours of supervised practice.



## GENERIC INFORMATION: THE WHERE & WHEN

Practicing in-state, practicing out-of-state, not practicing at all? A contract must be on file regardless of the setting. Be sure to indicate the effective date in C—if this item is blank, the contract cannot be reviewed.

In this example, Ms. Doe is working at Community One Mental Health. A current work setting must be provided if you are working anywhere (this includes volunteer work, out-of-state work, work in another field, etc.). Many individuals have mistaken “Unemployed” to be an option meaning “Unemployed (in the field of psychology).” However, “Unemployed” should be checked if you are not working in *any* setting. The same applies for “Retirement”—this option should only be checked if you are 100% retired (not just retiring from a particular position or setting).

The conditions of the contract include your professional responsibilities and the supervision agreement (if applicable). This item should reflect the date on which those conditions become/became effective. In this example, Ms. Doe is slated to begin practice at Community One Mental Health on August 1, 2008.

### B. This contract form covers (*check one*)

- Current work setting:  
*(provide address even if out-of-state or in other field)*  
Business Name Community One Mental Health  
Address 1012 Chestnut Street  
Suite 137  
City, State, Zip Neverland, NC 28910
- Unemployment\*      *\*not working in*  
 Retirement\*          *any setting*

C. Date on which the conditions described in this contract form will/did take effect: 02/02/2009  
*(mm/dd/yyyy)*

## GENERIC INFORMATION: THE WHAT

What is the purpose of this contract? Is it replacing a previous contract, or is it covering activities in addition to a contract already on file? It is important that Board staff fully understand the conditions of the contract.

### D. This contract form (check as many as applicable)

- is my first supervision contract form **as an applicant**
- replaces** previous contract form(s) for my practice at Community One Mental Health  
under the supervision of J. Harold Deere, License # 0246
- replaces** previous contract form(s) which covered unsupervised work at \_\_\_\_\_
- replaces** previous contract form which covered unemployment or retirement
- covers activities** in addition to my practice at \_\_\_\_\_  
supervised by \_\_\_\_\_, License # \_\_\_\_\_ (may list multiple supervisors if applicable)
- covers** activities in addition to my contract form currently on file, which covers my unsupervised work at \_\_\_\_\_
- is part of an alternate supervision plan (attach copy of plan)
- shows a change in supervision level, approved by the Board, from Level 1 to Level 3

In this example, Ms. Doe is filing a new contract for the same work setting, but with a different supervisor. She is also indicating a change in supervision levels. In Item D, you may check as many options as applicable.

There are many different scenarios for Item D, and often, multiple selections may be applicable. For example, if you are moving from Level 1 to Level 2 supervision, and are continuing to work at the same location under the same supervisor, you would check the "replaces previous contract form for my practice at..." and the "shows a change in supervision level" boxes. If you have questions, or are unsure which selections to choose, please don't hesitate to call the Board office.

SECTION 1

Supervisory Agreement Between Supervisee and Supervisor

The Board recommends that the supervisee and supervisor keep a copy of the completed Supervision Contract Form for their records.

This section is to be completed by the supervisor of Applicants and Licensed Provisional Psychologists who are presently involved in the practice of psychology in N.C., and by Licensed Psychological Associates who are engaged in activities in N.C. requiring supervision.

Supervisor's Name \_\_\_\_\_ License# \_\_\_\_\_
Business Telephone (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_ Is supervisor HSP-P certified in N.C.?  Yes  No
Business Name/Address \_\_\_\_\_
Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
E-mail Address \_\_\_\_\_

1. Have you (the supervisor), or the supervisee named on Page 1, ever been denied a professional license or permit, or privilege of taking an examination; or had any disciplinary, remedial, rehabilitative, or other action taken against a professional license, certificate, or permit (e.g., denied, suspended, reprimanded, censured, restricted, limited, probation, revoked, conditions, etc.) by any licensing or certification authority in North Carolina or elsewhere; or are you aware of any pending charges against a professional license, certificate, or permit which you hold? \*
Supervisor:  Yes  No
Supervisee:  Yes  No
\*Board action is available on the Board website at www.ncpsychologyboard.org (select "License Verification" on the sidebar)

2. If you, the supervisor, are not licensed in North Carolina as a Licensed Psychologist, include verification of: (1) exemption status [21 NCAC 54 .2001(a)(2)] (contact Board for appropriate form); (2) licensure in another state [21 NCAC 54 .2001(a)(3)] (send copy of current renewal certificate or letter from state licensing board); or (3) alternate supervision plan [21 NCAC 54 .2005].

A. Provide a specific description of the supervisee's professional responsibilities and functions.
[Note: Supervision is not for introductory training of the supervisee in additional skills, methods, or interventions, but may include enhancement and refinement of previously learned skills. 21 NCAC 54.2002(a)]

B. Complete if the supervisee is a Licensed Provisional Psychologist (see 21 NCAC 54 .2009 for time requirements) or Applicant (see 21 NCAC 54 .2007 for time requirements).
1. Hours per week engaged in the practice of psychology: \_\_\_\_\_
2. Hours allotted for individual supervision per week: \_\_\_\_\_
3. Number of individual supervision sessions per week: \_\_\_\_\_

C. Complete if the supervisee is a Licensed Psychological Associate (see 21 NCAC 54 .2008 for time requirements).
1. Hours per month engaged in activities requiring supervision: \_\_\_\_\_
2. Hours allotted for individual supervision per month: \_\_\_\_\_
3. Number of individual supervision sessions per month: \_\_\_\_\_

D. Describe any familial or personal relationship between supervisor and supervisee: \_\_\_\_\_

SECTION 1: THE SUPERVISORY AGREEMENT

Section 1 is to be completed only if supervision is required. It is to be completed by your supervisor.

If you are not engaged in activities requiring supervision, you may ignore Section 1 (pages 2-3 of the contract) and skip to Section 2 (page 4).

# SECTION 1: THE SUPERVISORY AGREEMENT

## SECTION 1

### Supervisory Agreement Between Supervisee and Supervisor

The Board recommends that the supervisee and supervisor keep a copy of the completed Supervision Contract Form for their records.

*This section is to be completed by the supervisor of Applicants and Licensed Provisional Psychologists who are presently involved in the practice of psychology in N.C., and by Licensed Psychological Associates who are engaged in activities in N.C. requiring supervision.*

Supervisor's Name Susan | B. | Antonia License# 1897

Business Telephone ( 336 ) 648-1177 ext. 4 Is supervisor HSP-P certified in N.C.?  Yes  No

Business Name/Address Neverland Psych Services, 813 First Street | Neverland | NC | 28910  
Street/PO Box City State Zip Code

E-mail Address susan.antonio@nps.net

1. Have you (the supervisor), or the supervisee named on Page 1, ever been denied a professional license or permit, or privilege of taking an examination; or had any disciplinary, remedial, rehabilitative, or other action taken against a professional license, certificate, or permit (e.g., denied, suspended, reprimanded, censured, restricted, limited, probation, revoked, conditions, etc.) by any licensing or certification authority in North Carolina or elsewhere; or are you aware of any pending charges against a professional license, certificate, or permit which you hold? \*

..... Supervisor:  Yes  No  
..... Supervisee:  Yes  No

\*Board action is available on the Board website at [www.ncpsychologyboard.org](http://www.ncpsychologyboard.org) (select "License Verification" on the sidebar)

2. If you, the supervisor, are **not** licensed in North Carolina as a **Licensed Psychologist**, include verification of: (1) exemption status [21 NCAC 54 .2001(a)(2)] (contact Board for appropriate form); (2) licensure in another state [21 NCAC 54 .2001(a)(3)] (send copy of **current** renewal certificate or letter from state licensing board); or (3) alternate supervision plan [21 NCAC 54 .2005].

A. Provide a specific description of the supervisee's professional responsibilities and functions.

[Note: Supervision is not for introductory training of the supervisee in additional skills, methods, or interventions, but may include enhancement and refinement of previously learned skills. 21 NCAC 54 .2002(a)]

This question must be answered. Check the appropriate box before sending in the contract.

Answer correctly. If you or your supervisor answers this question incorrectly, the error will be called to your attention and a copy of the Board action will be forwarded.

Include appropriate documentation if your supervisor is not licensed in North Carolina. If the contract is submitted without the required documentation, it will be returned to you so that proper documentation may be affixed.

## SECTION 1: THE SUPERVISORY AGREEMENT CONTINUED...

A. Provide a specific description of **the supervisee's** professional responsibilities and functions.

*[Note: Supervision is not for introductory training of the supervisee in additional skills, methods, or interventions, but may include enhancement and refinement of previously learned skills. 21 NCAC 54.2002(a)]*

Assessments, personality testing, and neuropsychological evaluations of young adult populations

If a specific description of your professional responsibilities is not provided, the contract will be returned to you for completion.

B. Complete if the supervisee is a **Licensed Provisional Psychologist** (see 21 NCAC 54.2009 for time requirements) or **Applicant** (see 21 NCAC 54.2007 for time requirements).

1. Hours **per week** engaged in the practice of psychology: \_\_\_\_\_
2. Hours allotted for individual supervision per **week**: \_\_\_\_\_
3. Number of individual supervision sessions per **week**: \_\_\_\_\_

C. Complete if the supervisee is a **Licensed Psychological Associate** (see 21 NCAC 54.2008 for time requirements).

1. Hours **per month** engaged in activities requiring supervision: \_\_\_\_\_ 160
2. Hours allotted for individual supervision per **month**: \_\_\_\_\_ 4
3. Number of individual supervision sessions per **month**: \_\_\_\_\_ 2-4

Ms. Doe is an LPA, therefore, Item C has been completed. If the individual were an Applicant or Licensed Provisional Psychologist, he or she would need to complete Item B. Only complete the item that applies to you. PLEASE NOTE that Item B asks for answers to be noted *per week*, while Item C asks for answers to be noted *per month*.

D. Describe any familial or personal relationship between supervisor and supervisee:

No familial or personal relationship exists.

Describe any familial or person relationship. If there is none, state such.

**Supervisor Responsibilities**

Below is a summary based on Board rules of the responsibilities a Supervisor assumes when entering a supervision relationship. Please carefully read each statement. By signing this Supervision Contract Form, you indicate that you understand and agree to abide by each responsibility.

- ☞ I understand that the nature of supervision as mandated by the Practice Act is to assure [21 NCAC 54 .2002(a)]
  - the understanding of, and compliance with, the laws and ethics that govern the practice of psychology; and
  - the application of appropriate standards to client problems
- ☞ I understand that in supervision, I and my supervisee will address, and the supervisee will be rated on, [21 NCAC 54 .2002(a)(1)-(4)]
  - ethical, legal and professional standards
  - technical skills and competency
  - supervisee's utilization of supervision, and
  - supervisee's ability to function independently or with reduced supervision
- ☞ As a Supervisor I will [21 NCAC 54 .2001(c) and (d)]
  - confirm that I can meet my supervisee's needs for professional supervision
  - confirm the congruency between my areas of competence and the supervisee's areas of practice
  - direct the supervisee to practice only within areas for which s/he is qualified
  - personally confirm supervisee's supervision level (1, 2, or 3; see Rule .2008) ([www.ncpsychologyboard.org](http://www.ncpsychologyboard.org))
  - meet with supervisee as contracted and be otherwise accessible to the supervisee
  - direct the supervisee to keep me informed about services s/he is performing
  - advise the Board if there is reason to believe the supervisee has committed an ethical or legal violation
  - maintain a clear and accurate record of supervision, documenting
    - dates, appointment time, and length of each session
    - summary of treatment issues, concerns, my recommendations and their intended outcomes
    - fees charged, if any
  - retain supervision records for seven years from date of last session or indefinitely if ethical or legal actions are pending
  - file reports as required when any condition of supervision changes
  - file a final supervision report within two weeks after termination of supervision
  - avoid a familial or strongly personal relationship with the supervisee

**Supervisee Responsibilities**

Below is a summary from Board rules of the responsibilities a Supervisee assumes when entering a supervision relationship. Please carefully read each statement. By signing this Supervision Contract Form, you indicate that you understand and agree to abide by each responsibility.

- ☞ I understand that the nature of supervision as mandated by the Practice Act is to assure [21 NCAC 54 .2002(a)]
  - the understanding of and compliance with the laws and ethics that govern the practice of psychology and
  - the application of appropriate standards to client problems
- ☞ I understand that in supervision, we will address, and I will be rated on [21 NCAC 54 .2002(a)(1)-(4)]
  - ethical, legal and professional standards
  - technical skills and competency
  - my utilization of supervision, and
  - my ability to function independently or with reduced supervision
- ☞ As a Supervisee I will [21 NCAC 54 .2002(b)]
  - attend scheduled supervision sessions
  - disclose to my supervisor the psychological services I offer and render
  - cooperate with supervisor in meeting his/her responsibilities (summarized in this Supervision Contract Form)
  - provide my supervisor the information necessary for the supervisor to advise me on cases that might present professional, ethical or legal concerns
  - notify the Board if I have reason to believe that my supervisor has committed an ethical or legal violation
  - file a revised supervision contract within 30 days of any change in the supervision arrangements described in the contract form currently on file with the Board
  - discuss the extent to which my clients or patients will be notified about the supervision process

**AFFIDAVIT**

Each party to this contract hereby attests to the accuracy of the information presented herein and agrees to meet the conditions and responsibilities specified herein and in the N.C. Psychology Practice Act (G.S. § 90-270.1 et seq.) and Board rules (21 NCAC 54). For the supervisor, this includes attestation that he/she will maintain supervisory records in accordance with 21 NCAC 54 .2001(c)(8).

\_\_\_\_\_  
Supervisee's Signature  
Signed before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature  
Signed before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_

**SECTION 1: THE SUPERVISORY AGREEMENT CONTINUED...**

These summaries are the not-so-fine-print of the supervisory agreement that you and your supervisor are entering into. Before you agree to the arrangement, it is important for you and your supervisor to understand the responsibilities that this relationship will entail. Feel free to call the Board office if you have any questions.

The affidavit must be signed by you and your supervisor. If any corrections are made to the contract *after* it has been notarized, please initial and date beside the changes.

SECTION 2

Attestation That Supervision is not Required

The Board recommends that you keep a copy of the completed Supervision Contract Form for your records.

This section is to be completed by Licensed Psychological Associates whose professional practice is limited to those activities which do not require supervision, by Provisional Licensed Psychologists and by Applicants who are not presently involved in the practice of psychology in North Carolina.

A. Provide a specific description of activities (even if such are not related to the practice of psychology in North Carolina):

B. I certify that supervision is not required for the activities described in Item A of this Section for following reason(s):

- I am a Licensed Psychological Associate, and I am not engaged in activities specified in G.S. § 90-270.5(e) or 21 NCAC 54.2006 as requiring supervision for Licensed Psychological Associates. [Note: This option is NOT applicable to Applicants or provisionally Licensed Psychologists.]
I am licensed by the North Carolina Board of Education as a school psychologist and my professional activities are limited to those for which I am a regular salaried employee of a local board of education or by the North Carolina State Department of Public Instruction. Name of local board of education [Attach copy of school psychologist license issued by the NC Board of Education. If you are engaged in practice or activities in addition to those described above (e.g., in private practice, if you are employed as a contract employee by another school system), you must file a separate Supervision Contract Form with the Board to cover your additional activities.]
I am only engaged in activities which constitute a part of my course of study. Name of educational institution [Attach letter from the head of your graduate program which verifies that the activities described in this Contract Form constitute a part of your course of study.]
I am unemployed. [not working in any setting]
I am retired. [not working in any setting]
I am not practicing psychology in North Carolina.
Other (specify)

AFFIDAVIT

I attest that my activities as described in this Section do not require supervision as indicated above. Further, I agree that if my activities as described in this Section change in the future, I will notify the Board of the change and file the appropriate supervision contract form within 30 days of the change.

Licensee's/Applicant's Name (type or print name)

Signature

Signed before me this \_\_\_\_\_ day of

\_\_\_\_\_ 20 \_\_\_\_

Notary Public

My Commission Expires \_\_\_\_\_

SECTION 2:

ATTESTATION THAT SUPERVISION IS NOT REQUIRED

Section 2 is to be completed only if supervision is NOT required. If you are not engaged in activities requiring supervision, you may ignore Section 1 (pages 2-3 of the contract) and skip to Section 2 (page 4).

## SECTION 2: ATTESTATION THAT SUPERVISION IS NOT REQUIRED CONTINUED...

A. Provide a specific description of activities *(even if such are not related to the practice of psychology in North Carolina)*:

Owner/operator of an interior design firm.

B. I certify that supervision is not required for the activities described in Item A of this Section for following reason(s):

- I am a **Licensed Psychological Associate**, and I am not engaged in activities specified in G.S. § 90-270.5(e) or 21 NCAC 54 .2006 as requiring supervision for Licensed Psychological Associates.  
*[Note: This option is **NOT** applicable to **Applicants** or **provisionally Licensed Psychologists**.]*
- I am licensed by the North Carolina Board of Education as a school psychologist and my professional activities are limited to those for which I am a regular salaried employee of a local board of education or by the North Carolina State Department of Public Instruction.  
Name of local board of education \_\_\_\_\_  
*[Attach copy of school psychologist license issued by the NC Board of Education. If you are engaged in practice or activities in addition to those described above (e.g., in private practice, if you are employed as a contract employee by another school system), you must file a separate Supervision Contract Form with the Board to cover your additional activities.]*
- I am only engaged in activities which constitute a part of my course of study.  
Name of educational institution \_\_\_\_\_  
*[Attach letter from the head of your graduate program which verifies that the activities described in this Contract Form constitute a part of your course of study.]*
- I am unemployed. *[not working in any setting]*
- I am retired. *[not working in any setting]*
- I am not practicing psychology in North Carolina.
- Other *(specify)* owner/operator of interior design firm

You must provide a specific description of your activities, even if they have absolutely nothing to do with the practice of psychology in North Carolina. In this example, the individual is the owner/operator of an interior design company. This description illustrates that this individual does not require supervision.

In this example, the individual is an LPA. Because he/she is not engaging in activities requiring supervision nor engaging in the practice of psychology in North Carolina, both items apply.

It can be useful to check "Other" if you are ever in doubt, or believe that additional clarification is needed. As with any item, please do not hesitate to contact the Board office if you are unsure what choice to make. Obtaining clarification before mailing the form may save much time and frustration in having to correct and re-submit the form at a later time.



# SECTION 2: ATTESTATION THAT SUPERVISION IS NOT REQUIRED CONTINUED...

**AFFIDAVIT**

**I attest that my activities as described in this Section do not require supervision as indicated above. Further, I agree that if my activities as described in this Section change in the future, I will notify the Board of the change and file the appropriate supervision contract form within 30 days of the change.**

Jane E. Doe  
Licensee's/Applicant's Name (type or print name)

\_\_\_\_\_  
Signature  
Signed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_

*Page 4 of 4* *SupvCont.02/08*

The affidavit must be signed and notarized. If any corrections are made to the contract *after* it has been notarized, please initial and date beside the changes.

If any part of the supervision requirements are unclear, please feel free to contact the Board office for clarification.

