

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

You may email this form to: [LPC@hhsc.state.tx.us](mailto:LPC@hhsc.state.tx.us).

Mail Code: 1982  
PO Box 149347  
Austin, Texas 78714-9347

Budget ZZ115  
Fund #155  
(512) 834-6658  
Fax: (512) 834-6677

**SUPERVISORY AGREEMENT FORM**

This is not a contract between supervisee and supervisor.

This form is for individuals applying for an LPC Intern license. You and your prospective supervisor must fill this form out together. The supervisor is responsible for sending this form, to the address above.

You will not receive a separate letter approving this supervisor. The issuance of the LPC Intern license represents approval of the initial supervisor agreement form. I understand it is my responsibility to verify through the board's website my supervisor is approved. [https://www.dshs.texas.gov/counselor/lpc\\_search.shtm](https://www.dshs.texas.gov/counselor/lpc_search.shtm)

Please Complete Both Sides: Incomplete Forms Will Not Be Processed

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_  
Last Name First Name M.I.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone #: \_\_\_\_\_

**SUPERVISOR INFORMATION:**

Name: \_\_\_\_\_  
Last Name First Name M.I.

License #: \_\_\_\_\_ Issued: \_\_\_\_\_ Expiration Date \_\_\_\_\_

**INFORMATION RELATED TO SUPERVISED EXPERIENCE:**

**Type of Setting:** Private Practice\_\_\_ Hospital\_\_\_ School\_\_\_ Volunteer\_\_\_  
Government Agency\_\_\_ Nonprofit\_\_\_ Other\_\_\_

**Average Number of Hours Expected To Be Gained Per Week:** \_\_\_\_\_

**Type of Counseling Experience to Be Gained:** (Check all that apply)

General\_\_\_ Group\_\_\_ Marriage & Family\_\_\_ Drug & Alcohol\_\_\_ Career & Vocational\_\_\_  
Rehabilitation\_\_\_ Academic\_\_\_ Child & Adolescent\_\_\_ Art Therapy\_\_\_ Other\_\_\_

**Is the supervision actual face to face?** \_\_YES \_\_NO

**Live internet web cam?** \_\_YES \_\_NO

**SUPERVISEE AND SUPERVISOR MUST KEEP A COPY OF THIS FORM FOR RECORDS**

I, as applicant, affirm all information provided by me on this form is true and accurate and I affirm the following: (Please initial each statement verifying you reviewed and agree.)

- I have read the board rules related to supervised experience and agree all supervised experience will be completed in accordance with board rules.
- I will meet with my supervisor four times per month.
- I will abide by all rules of the board, including ethics requirements.
- I understand the LPC Intern license does not give me the authority to engage in the independent practice of counseling.
- I understand the LPC Intern license is only valid while I practice under supervision.
- I will notify the board if this supervisory arrangement is terminated.
- I have verified that my supervisor is a current, active LPC Supervisor.

I understand an Intern Supervisor Change Form must be sent to the board and approved by the board, in advance, if I wish to change or add a supervisor. I understand that it is my responsibility to verify on the board's website the supervisor change is approved before supervision begins with a new supervisor. The issuance of the LPC Intern license represents approval of the initial supervisor agreement form.

\_\_\_\_\_  
Signature of Applicant      Today's Date

I, as the board approved supervisor of the above named applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following: (Please initial each statement verifying you reviewed and agree.)

- All supervised experience will be completed in accordance with Subchapter C and F of the board rules related to the Code of Ethics and supervised experience and all subsequent board rules (Title 22 TAC, CH 681).
- I will provide supervision to the above named applicant four hours per month.
- I understand I have full professional responsibility for services provided by the applicant.
- I understand the supervisee cannot independently practice counseling until he/she obtains a full LPC license.
- I understand the supervisory arrangement must be reflected on all billing documents.
- I understand the supervisory arrangement is only valid while my license remains current.
- I will notify the board within 30 days if/when supervision ends as directed by board rule.
- I will keep my supervisor status current and understand that it is my responsibility to inform the intern should my supervisor status lapse.

I will verify that my intern has received an LPC Intern license before supervision begins and before he/she is assigned to me as a supervisee. I understand that no hours will count for the intern if required documentation is not approved by the board office. I will verify on the board's website that my intern has been approved to be supervised by me before supervision takes place. Both my intern and I will contact the board regarding any issue with supervision.

\_\_\_\_\_  
Signature of Supervisor      Today's Date