



STATE OF ARIZONA
 BOARD OF BEHAVIORAL HEALTH EXAMINERS
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DOUGLAS A. DUCEY
 Governor

TOBI ZAVALA
 Executive Director

CLINICAL SUPERVISOR EXEMPTION REQUEST

Your Name: _____ Phone: _____

Address: _____

Current AzBBHE license number: _____ Expiration date: _____

CHOOSE ONE:

- I have submitted an application for licensure and am requesting an exemption for clinical supervision that has already occurred. Indicate application submission date: _____
- I anticipate applying for independent level licensure in the future and am requesting an exemption for clinical supervision that I am currently receiving or plan to receive. Indicate projected application date and type of license you will be applying for: _____

Proposed Clinical Supervisor name: _____

Licenses held: _____ Expiration date: _____
 _____ Expiration date: _____

Agency/Entity where supervised work experience was/will be acquired: _____

Address of Agency/Entity: _____

Dates that supervision by proposed clinical supervisor occurred or will occur: _____ to _____
Start date End date

I am requesting an exemption pursuant to A.A.C. R4-6-212.01 based on the following:

****ADDITIONAL REQUIREMENTS BASED ON EXEMPTION CAN BE FOUND ON PAGE 2****

- (1)(a)(i) Qualifications of a clinical supervisor:** A qualified supervisor is/was not available because of the size and geographic location of the professional setting in which clinical supervision will or did occur.
- (1)(a)(ii) Qualified Physician/Nurse Practitioner:** The behavioral health professional who provided or will provide the clinical supervision is licensed as a physician with a certification in psychiatry or addiction medicine, or as a nurse practitioner with a certification in mental health, and has the necessary education, training, and experience.
- (1)(b) Clinical Supervisor not employed at supervisee's employer:** A Clinical Supervisor meeting Board's requirements was not/is not available, so the Agency/Entity is contracting a Clinical Supervisor.
- (1)(c) Revised requirements:** Clinical supervision acquired before new rule requirements as of November 1, 2015 or completed no later than October 31, 2017, met or would meet the requirements in existence before November 1, 2015, so I wish for my clinical supervision to be considered under the previous requirements.
- (2) Supervision acquired outside of Arizona:** Clinical supervision and supervised work experience will be or was acquired outside of Arizona.

I understand that if my request is approved, the proposed Clinical Supervisor meets the requirements for the exemption. It does not ensure that supervised hours will be accepted from the Clinical Supervisor if the supervisor fails to maintain their licensure and comply with ongoing training requirements as prescribed in A.A.C. R4-6-214. In addition, the supervised work experience and clinical supervision hours must meet the requirements in A.A.C. R4-6-211 and 212, and Articles 4, 5, 6, and 7 for supervision to be accepted.

I certify under penalty of perjury that the above information and all supporting documents are true and accurate to the best of my knowledge.

 Signature Date signed

IF REQUESTING AN EXEMPTION BASED ON:

(1)(a)(i) Qualifications of a clinical supervisor

Please include the following:

1. A letter from the Agency/entity where clinical supervision will or did occur that includes the following information:
 - a. Total number of independently licensed professionals in your discipline at your physical location
 - b. Total number of independently licensed professionals in your discipline in the Agency (all locations)
 - c. Does the Agency/entity have the capability to videoconference?
 - d. Has the Agency/entity attempted to contract a clinical supervisor outside the Agency?
2. For the proposed clinical supervisor:
 - a. Resume
 - b. Verification of education (if not licensed by the Board)
 - c. Documentation of compliance with the clinical supervisor educational requirements pursuant to A.A.C. R4-6-214 (not needed if they are included on the Board's supervisor registry)

(1)(a)(ii) Qualified Physician/Nurse Practitioner

Please include the following information for the proposed clinical supervisor:

1. Resume
2. Verification of education (including mental health certification)
3. Documentation of compliance with the clinical supervisor educational requirements pursuant to A.A.C. R4-6-214 (not needed if they are included on the Board's supervisor registry)

(1)(b) Clinical Supervisor not employed at supervisee's employer

Please include verification that:

1. The clinical supervisor and behavioral health entity where the supervision occurred or will occur have/had a written contract providing the supervisor the same access to the supervisee's clinical records provided to employees of the behavioral health entity; and
2. The supervisee's clients authorize(d) the release of their clinical records to the supervisor.

(1)(c) Revised requirements

Please provide the reason for this request: _____

If you are requesting to have your clinical supervision reviewed under rules in existence prior to November 1, 2015:

1. You may need to submit an additional exemption form if it was required by previous rules (ask your credentialing specialist if this applies to you)
2. If approved to be reviewed under old rule, your clinical supervisor **MUST** submit the verification form that was used under old rule.
3. If required under old rule, you may need to submit your proposed clinical supervisor's:
 - a. Resume
 - b. Transcript
 - c. Curriculum vitae

(2) Supervision acquired outside of Arizona

Please include the following information for the proposed supervisor:

1. Resume
2. Verification of education
3. Evidence that the supervisor met one of the following:
 - a. The educational requirements in A.A.C. R4-6-214
 - b. The clinical supervisor educational requirements of the state in which supervision occurred
 - c. Was approved to provide supervision to the applicant by the state in which supervision occurred