



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

TOBI ZAVALA
 Executive Director

SUPERVISED PRIVATE PRACTICE APPLICATION

Initial Request

Change of Supervisor

A SUPERVISEE/OWNER INFORMATION

LEGAL NAME (FIRST NAME LAST NAME)			
CURRENT AZ BOARD LICENSE(S) #	ORIGINAL ISSUE DATE(S)	EXPIRATION DATE(S)	
HOME ADDRESS			PREFERRED PHONE
CITY	STATE	ZIP CODE	EMAIL ADDRESS

B CLINICAL SUPERVISOR INFORMATION

LEGAL NAME (FIRST NAME LAST NAME)			
CURRENT AZ BOARD LICENSE(S) #	ORIGINAL ISSUE DATE(S)	EXPIRATION DATE(S)	
HOME ADDRESS			PREFERRED PHONE
CITY	STATE	ZIP CODE	EMAIL ADDRESS

CLINICAL SUPERVISOR EDUCATIONAL REQUIREMENTS

Supervisor is currently on the Board's supervisor registry. YES NO
 If NO, additional documents have been submitted to demonstrate compliance with the clinical supervision requirements pursuant to R4-6-214.
 YES NO

CLINICAL SUPERVISION AGREEMENT

Signed supervision agreement is attached: YES NO

CURRENT SUPERVISION INFORMATION

Number of supervised private practices that proposed clinical supervisor currently oversees (not including this proposed practice):

C SUPERVISED PRIVATE PRACTICE SETTING

The practice location must be in Arizona.

PRACTICE NAME			
PRACTICE ADDRESS			PREFERRED PHONE
CITY	STATE	ZIP CODE	EMAIL ADDRESS

DESCRIBE SCOPE OF PRACTICE AND SERVICES PROVIDED	PART TIME OR FULL TIME
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D**REQUIREMENTS ACKNOWLEDGEMENT**

Before approval can be obtained for a supervised private practice, both parties must acknowledge the following:

CLINICAL SUPERVISION REQUIREMENTS

<i>Supervisee's Initials</i>	<i>Supervisor's Initials</i>	
		1. Clinical supervisor is responsible to monitor the practice as a whole. This includes thorough and regular reviews of all practice documents, such as clinical and billing records.
		2. Clinical supervisor is responsible to provide direct, clinical supervision, including thorough and regular reviews of all client records. Pursuant to A.A.C. R4-6-101(A)(11), "Clinical supervision" means direction or oversight provided either face to face or by video conference or telephone by an individual qualified to evaluate, guide, and direct all behavioral health services provided by a licensee to assist the licensee to develop and improve the necessary knowledge, skills, techniques, and abilities to allow the licensee to engage in the practice of behavioral health ethically, safely, and competently.
		3. Supervisor and supervisee must meet individually for 1 hour for every 20 hours of direct client contact.
		4. Supervisor and supervisee must meet onsite every 60 days. There are no exemptions, and the meeting must be physically in-person at the practice location, even if the practice is a home-based telehealth practice.
		5. Must provide a copy of the required agreement to the Board between supervisor and supervisee pursuant to A.A.C. R4-6-211(B)(2).
		6. Supervisor and supervisee must not be family members.
		7. Verification of Supervision Report is due to the Board every 6 month, no later than 2 weeks after the due date. After two non-compliant reports, the supervisor and supervisee will be brought before the Board for possible disciplinary action that may also include revoking the ability to participate in supervised private practice.
		8. Only one supervisor shall be approved for each practice at any given time.
		9. Termination of Supervision: <ul style="list-style-type: none"> • Must provide 30-day notice prior to either party terminating the agreement. • Must provide notice to the Board within 10 days of the termination date. • Must cease practicing within 60 days of the termination date until such time as a subsequent agreement is provided to the board and approved. • Must submit a final report.

CLINICAL SUPERVISOR REQUIREMENTS

<i>Supervisee's Initials</i>	<i>Supervisor's Initials</i>	
		1. Must be independently licensed for a minimum of 2 years.
		2. Must be licensed in the same discipline of the supervisee.
		3. Must be in compliance with educational requirements pursuant to A.A.C. R4-6-214. If the supervisor is not on the Board registry, additional documents demonstrating compliance must be submitted before approval.
		4. Must be physically located in Arizona while providing supervision.
		5. Must not be prohibited from providing clinical supervision by a Board consent agreement and will provide notice to supervisee should they become prohibited in the future.
		6. Clinical supervisors shall not be approved for more than five supervised practices at any given time.

SUPERVISEE/OWNER REQUIREMENTS

<i>Supervisee's Initials</i>	<i>Supervisor's Initials</i>	
		1. Must be the sole owner.
		2. Must be physically located in Arizona while providing services.
		3. Must not hire others to work in practice.
		4. Must not be a temporary licensee who has been approved to test, but hasn't taken and passed the exam, pursuant to A.A.C. R4-6-306(F).

		5. If the supervisee seeks to use the supervised work experience and clinical supervision hours toward independent licensure in the future, the supervision must meet the clinical supervision requirements in A.A.C. R4-6-212, in addition to the requirements in A.A.C. R4-6-211. Work experience and clinical supervision verification forms will need to be completed and submitted at time of independent licensure application.
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PRACTICE REQUIREMENTS

<i>Supervisee's Initials</i>	<i>Supervisor's Initials</i>	
		1. Must be located in Arizona.
		2. All advertising, marketing, and practice materials must contain the supervised private practice notice below: This is a supervised private practice. It is owned and/or managed by a master's level, non-independent licensee under Board-approved clinical supervision pursuant to A.A.C. R4-6-211. The Board-approved clinical supervisor of this practice is: Name: Phone number: Email:
		3. If the supervised private practice has not been approved, all materials (including website) must clearly indicate that clients are not being accepted until Board approval.

E	ATTESTATION
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We, _____ (supervisor) and _____ (supervisee), acknowledge that we have read and agree to the statements listed above, and have read and understand the direct and clinical supervision requirements set forth in the Board's regulations.

We also certify under penalty of perjury that the above information and all supporting documents are true and accurate to the best of our knowledge. We acknowledge that misrepresentation by a supervisor, applicant, or licensee may constitute unprofessional conduct.

Signature of Supervisee

Date

Signature of Supervisor

Date

AGENCY USE ONLY	APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	APPROVAL DATE _____
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