Supervised Practice Plan

This is the Supervised Practice Plan is for applicants seeking licensure. It is to be used to document post-doctoral supervision during the time the applicant is providing services without a license in the state of Louisiana. It is to be completed by the Supervisor, signed by the Supervisor and Supervisee, and returned to the Board Office for approval at the inception of the supervisor/supervisee relationship.

During the dates listed on this form, the Supervisor is responsible for the Supervisee's performance. By signing this form, the Supervisee consents to allowing the Board to provide feedback to the Supervisor regarding their Oral Examination for licensure.

STATEMENT OF PURPOSE:

1) The purpose of supervised practice leading to licensure, as stated in Louisiana Administrative Code, Title 46, Professional and Occupational Standards, Part LXIII, Psychologists, Chapter 7, Section 701, includes "guidance in administrative issues in the practice setting, continues and expands education in skills, offers emotional support, and provides evaluation for purposes of the supervisee's growth, as well as administrative judgment relative to the supervisee's capacity for autonomous professional function.

2) Ultimate responsibility for the services provided by the supervisee rests with the supervisor.

3) Supervisors assist the candidate for licensure in preparation for eventual independent functioning as a licensed psychologist.

4) Supervisors inform both the candidate for licensure, and possibly the Board, of candidate behaviors that may be problematic for the full scope of independent practice.

5) Supervision may be conducted on both an individual and group basis. There must be a minimum of one hour per week of individual supervision. The number of supervisory hours and format, in addition to this one hour, is determined by the supervisor based on the supervisee's level of skill.

6) Supervision includes preparation for the remainder of requirements for obtaining an independent practice license. This preparation will vary depending on the supervisee's area of specialization but will likely include the use of a range of assessment and intervention modalities, state law as it relates to the practice of psychology, and ethics of practice.

7) As a way to continue their development as supervisors, psychologists seek feedback from their supervisees following their oral examination with the Board.

8) In order to provide the needed guidance to candidates for licensure, supervisors will limit the number of individuals simultaneously supervised. Generally, supervising no more than two candidates will be approved by the Board.

9) Supervisors suggest readings, in-service programs, and continuing education in areas where the candidate's preparation may be weak. Supervisors discuss this information with the candidate during the supervision process.

Supervisee: _____ Phone No.: _____

Educational level: _____ Email Address: _____

Area of specialization: _____

Supervisor: _____ Title: _____

License number: _____ Email Address: _____

State granted: _____ Office phone number: _____

Address: _____

Area of specialization _____

Is the supervisor a member of the supervisee's immediate family? ☐ YES ☐ NO

DURATION AND SETTING OF SUPERVISED PRACTICE

*Two years of full-time (or equivalent) supervised and documented experience shall be required for licensure (**4000 hours**). For part-time supervised practice to be credited toward the two years full-time requirements each assignment in a setting or integrated program shall be of at least 500 hours in duration and at least half-time for that setting or integrated program. Supervised practice must be completed within five calendar years, and for cause shown, the board may grant extensions. Credit shall not be granted for practice in connection with course work practicum experience for which predoctoral graduate credits are granted. A predoctoral internship shall be credited toward the required two years of supervised experience if that experience was required as a part of the doctoral degree and meets the board's requirements under LAC 46:LXIII.305. Postdoctoral supervision may not be accumulated prior to the degree date, conferred on transcripts.*

Start date of supervised practice (MM/DD/YYYY): ☐

Anticipated end date of supervised practice (MM/DD/YYYY): ☐

Anticipated number of practice hours during this period: ☐

Anticipated amount of general/professional supervisory contact: (hours /wk) ☐

Anticipated amount of specific case discussion/skill training: (hours/wk) ☐

Is the supervisor providing supervision for other supervisees? ☐ YES ☐ NO
If "YES" how many? ☐

CONDUCT OF SUPERVISION

The specific content of the supervision procedures will be worked out between the individual supervisor and the supervisee.	☐ YES ☐ NO
The supervisor is a licensed psychologist who has legal functioning authority over and professional responsibility for the work of the supervisee and is available to the supervisee at the point of the decision making. The supervisor's relationship with the supervisee shall be clearly differentiated from that of consultant, who may be called in at the discretion of the consultee and who has no functional authority for, nor none of the legal or professional accountability for the services performed or for the welfare of the client.	☐ YES ☐ NO
The licensed psychologist is responsible for the delivery of services, the representation to the public of services, and the supervisor/supervisee relationship.	☐ YES ☐ NO
All clients will be informed of the availability or possible necessity of meetings with the supervising psychologist at the request of the client, the supervisee, or the psychologist. The supervisor will be available for emergency consultation and intervention.	☐ YES ☐ NO
All written communication will clearly identify the licensed psychologist as responsible for all psychological services provided. Public announcement of services and fees, and contact with the public or professional community shall be offered only by or in the name of the licensed psychologist. It is the responsibility of both the supervising psychologist and the supervisee to inform the client, to whatever extent is necessary for the client to understand, of the supervisory status and other specific information as to supervisee's qualifications and functions.	☐ YES ☐ NO

Billing and receipt of payment is the responsibility of the employing agency or the licensed psychologist. The setting and the psychological work performed shall be clearly identified as that of the licensed psychologist. The physical location where services are delivered may not be owned, leased, or rented by the supervisee.	☐ YES ☐ NO
The supervisor must be paid either directly by the client or by the agency employing the supervisee. The supervisee may not pay the supervisor for supervisory services, nor may the supervisee and/or his/her immediate family have any financial interest in the employing agency.	☐ YES ☐ NO
The supervising psychologist is responsible for the maintenance of information and files relevant to the client. The client shall be fully informed, to whatever extent is necessary for that client to understand, that the supervising psychologist or the employing agency is to be the source of access to this information in the future.	☐ YES ☐ NO

Give specific name of work setting:

Physical address of work setting:

Nature of supervised practice to take place:

Supervisee's duties:

In the event the supervisee publicly represents himself/herself inappropriately, or supervision is not conducted according to LAC 46:LXIII.709, the board may rule that any experience gained in that situation is not commensurate with ethical standards and thus not admissible as experience toward licensure. The board may further rule that any psychologist providing supervision under those circumstances and in violation of ethical standards may result in disciplinary action against the supervising psychologist.

Signature of Supervisor: _____ Date: _____

Signature of Supervisee: _____ Date: _____

For LSBEP USE ONLY:

- Form complete/signed ❑ Doctoral degree attained (date)_____ Acceptable internship (hrs.) _____
- Approved: Chair, Supervision Committee: _____ Date:_____
- Supervisor Licensed with LSBEP: Issue: _____ Exp:_____

(Copy of approved plan to be returned to applicant) Rev. 05/31/22