



Louisiana State Board of Examiners of Psychologists

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APPLICATION FOR AUTHORIZATION TO PROVIDE TELE-SUPERVISION TO PSYCHOLOGY TRAINEES/UNLICENSED ASSISTANTS TO PSYCHOLOGISTS

APPLICATION FEE: \$25 for the first supervisee, \$10 for each additional supervisee (per application/per supervising psychologist).

Supervisor's Name: _____ Supervisor's LA License No: _____ Date of License _____
 Number of Trainees/Assistants under my supervision during the anticipated period of Tele-supervision covered in this application: _____
 Anticipated Dates of Tele-supervision: Start: _____ End: _____
 Agency Name: _____
 Agency Physical Address: _____

SUPERVISEE #1 \$25	LEVEL OF TRAINING/EXPERIENCE	SERVICE DELIVERY ADDRESS (IF DIFFERENT FROM AGENCY PHYSICAL ADDRESS)	REVIEWER/RESULTS/DATE FOR LSBEP USE ONLY
Provide explicit rationale as to why this is an appropriate and effective form of supervision for this supervisee(s) in this particular work setting (<i>attach additional pages if necessary</i>):			
SUPERVISEE #2 \$10	LEVEL OF TRAINING/EXPERIENCE	SERVICE DELIVERY ADDRESS (IF DIFFERENT FROM AGENCY PHYSICAL ADDRESS)	REVIEWER/RESULTS/DATE FOR LSBEP USE ONLY
Provide explicit rationale as to why this is an appropriate and effective form of supervision for this supervisee(s) in this particular work setting (<i>attach additional pages if necessary</i>):			
SUPERVISEE #3 \$10	LEVEL OF TRAINING/EXPERIENCE	SERVICE DELIVERY ADDRESS (IF DIFFERENT FROM AGENCY PHYSICAL ADDRESS)	REVIEWER/RESULTS/DATE FOR LSBEP USE ONLY
Provide explicit rationale as to why this is an appropriate and effective form of supervision for this supervisee(s) in this particular work setting (<i>attach additional pages if necessary</i>):			

SUPERVISEE #4 §10	LEVEL OF TRAINING/EXPERIENCE	SERVICE DELIVERY ADDRESS (IF DIFFERENT FROM AGENCY PHYSICAL ADDRESS)	REVIEWER/RESULTS/DATE FOR LSBEP USE ONLY
Provide explicit rationale as to why this is an appropriate and effective form of supervision for this supervisee(s) in this particular work setting (attach additional pages if necessary):			
SUPERVISEE #5 §10	LEVEL OF TRAINING/EXPERIENCE	SERVICE DELIVERY ADDRESS (IF DIFFERENT FROM AGENCY PHYSICAL ADDRESS)	REVIEWER/RESULTS/DATE FOR LSBEP USE ONLY
Provide explicit rationale as to why this is an appropriate and effective form of supervision for this supervisee(s) in this particular work setting (attach additional pages if necessary):			
ATTACH ADDITIONAL PAGES IF NEEDED			

I, the supervising psychologist for the named trainee(s)/unlicensed assistant(s) listed herein, understand and attest to the following:

- I have an active, unrestricted license in good standing to practice psychology in the state of Louisiana;
- I shall maintain full legal functioning authority and professional responsibility for the welfare of the client and have functional authority over the psychological services provided by the supervisee;
- I have established a clear protocol for managing emergency consultation and will be available to the supervisee as needed in the event of an emergency with a client;
- I shall conduct tele-supervision via a two-way video and audio transmissions simultaneously;
- I shall take into account the training needs of the supervisee and the service needs of the clients to protect them from harm;
- I have informed the supervisee and will continue to monitor the risks and limitations specific to tele-supervision, including limits to confidentiality, security and privacy;
- I shall identify, at the onset of each contact, the identity of the supervisee as well as the identity of all individuals who can access any electronically transmitted communication;
- I shall inform the supervisee of procedures to manage technological difficulties or interruptions in service;
- I shall be competent in the service-delivery medium;
- I shall provide tele-supervision in compliance with the supervision requirements of the LA Administrative Code (LAC), Title 46, Part LXIII. Chapter 7. Supervised Practice Leading Towards Licensure as well as those outlined in Chapter 11. Supervision of Assistants to Psychologists;
- I shall provide tele-supervision ethically and in compliance with the LAC, Title 46, Part LXIII. Chapter 13. Ethical Standards of Psychologists; and,
- I understand that tele-supervision requires preapproval by the LSBEP and that the LSBEP reserves the right to deny any arrangement for supervision that it deems inappropriate, inadequate or unsafe.

Signature of Supervising Psychologist

Date
Page 2 of 2

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