

**Minnesota Board of Behavioral Health and Therapy  
ADC Verification of Completion of Supervision Plan**

1. This form is to be completed by the supervisor and must be submitted directly to the Board office at the address listed below.
2. This form is to be completed when the approved supervision plan of a temporary permit holder or applicant of the Board has been completed, according to Minnesota Statutes sections 148C.04, subd. 3(2)(ii), 148C.04, subd. 4(1)(ii), 148C.044, 148C.11, subd. 1(c), and 148C.11, subd. 6(1).
3. If the supervisee received supervised experience at more than one setting or with more than one supervisor, the supervisee must provide the information below on a separate form for each supervisor and/or setting.
4. Upon review of the information, the Board will notify the supervisee whether supervision requirements have been completed, in whole or in part. The supervisee may not discontinue supervision until he/she has been notified by the Board in writing that he/she may practice independently.

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Date supervision began: \_\_\_\_\_ Date supervision ended: \_\_\_\_\_

Name of Supervisee: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Name of supervision location (Business): \_\_\_\_\_

Address of supervision location: \_\_\_\_\_

Number of on-the-job hours scheduled to work:  per week  per month \_\_\_\_\_

Actual hours spent in in-person supervision sessions:  per week  per month \_\_\_\_\_

Total number of supervised professional practice hours (Example: 1 year of full time employment, 40 hours/week, is 2080 hours): \_\_\_\_\_

*Supervisor: Please **initial** the following certifying statements (if you do not agree to initial these statements, please explain in a separate written statement the reasons you are in disagreement with them):*

I certify that the supervised professional practice of the supervisee listed above complied with Minnesota Statutes section 148C.044, subdivision 4, including (please initial each):

\_\_\_\_\_ The content of supervision included alcohol and drug counseling knowledge, skills, values, and ethics with specific application to the practice issues faced by the supervisee.

\_\_\_\_\_ The content of supervision included the standards of practice and ethical conduct, with particular emphasis given to the counselor's role and appropriate responsibilities, professional boundaries, and power dynamics.

\_\_\_\_\_ The content of supervision included the supervisee's permissible scope of practice, as defined by Minnesota Statutes section 148C.01, subdivision 10.

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\_\_\_\_\_ Supervision was obtained at the rate of 1 hour of supervision per 40 hours of professional practice, for a total of 50 hours of supervision

\_\_\_\_\_ Supervision was evenly distributed over the course of the supervised professional practice

\_\_\_\_\_ At least 75 percent of supervision was received in person.

\_\_\_\_\_ Supervision received via telephone or audio or audiovisual electronic device totaled 25 percent or less of supervision

\_\_\_\_\_ At least 50 percent of supervision was done on an individual basis (one-to-one)

\_\_\_\_\_ Supervision done in a group setting totaled 50 percent or less of supervision

\_\_\_\_\_ Supervision was completed in no fewer than 12 consecutive months and no more than 36 consecutive months.

\_\_\_\_\_ The supervision was completed satisfactorily.

I, the undersigned, have read and agree that the supervision was conducted as described above, and that the information contained therein is true and correct to the best of my knowledge.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form and mail directly to:  
The Minnesota Board of Behavioral Health and Therapy  
2829 University Avenue S.E., Suite 210  
Minneapolis, MN 55414

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|---------------------------|
| ***For office use only*** |
| Date approved _____       |
| Date disapproved _____    |
| Staff initials _____      |