

Printed/typed name of Applicant: _____

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

Instructions:

1. Supervision occurring on and after July 1, 2005 must comply with this plan.
2. Use this form to describe your plan for completing the 2000 hours of post-degree supervised professional practice described in 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). **Do not use this form if you are seeking to have supervised practice hours completed before July 1, 2005 accepted by the Board in lieu of this requirement. If you wish to have the Board consider previous supervised practice, complete and submit the Verification of Supervised Professional Practice form instead.**
3. If your plan includes receiving supervised experience with more than one employer or supervisor, you must submit a separate Supervision Plan for each employment setting and/or supervisor.
4. Your supervisor must meet the requirements set forth in Minnesota Statutes section 148C.044, subdivision 3. Unless your proposed supervisor has been previously approved by the Board, your supervisor must complete the Supervisor of Post-degree Professional Practice Application form, available on the Board's website, and submit all required information and documentation.
5. You must maintain documentation of your practice under supervision to show compliance with the requirements of 148C.044.

Name of Supervisee: _____

Name of Supervisor: _____

Name of supervision location (Business): _____

Address of supervision location: _____

Dates of Supervision: Beginning: _____ Ending: _____

Supervisor (check one):

- is already an approved ADC supervisor with BBHT
- is submitting the Supervisor Application form

I understand that the supervision must comply with Minnesota Statutes section 148C.044, subdivision 4, including (applicant please initial each):

_____ The content of supervision must include knowledge, skills, values, and ethics with specific application to the practice issues faced by the supervisee, including the core functions as described in section 148C.01, subdivision 9.

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

_____ Supervision must be obtained at the rate of one hour of supervision per 40 hours of professional practice, for a total of 50 hours of supervision.

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LADC Supervision Plan form, continued....

- _____ Supervision must be evenly distributed over the course of the supervised professional practice.
- _____ At least 75 percent of supervision must be received in person.
- _____ Up to 25 percent of supervision may be received via telephone or audio or audiovisual electronic device.
- _____ At least 50 percent of supervision must be done on an individual basis (one-to one).
- _____ Up to 50 percent may be done in a group setting.
- _____ Supervision must be completed in no fewer than 12 consecutive months and no more than 36 consecutive months.
- _____ I must submit a new supervision plan within 30 days if I change supervisors, if the scope or content of the counseling practice changes substantially, or I begin a new counseling position.

Additionally, I understand that (initial):

- _____ I may not practice independently until my supervisor has submitted directly to the board the Verification of Completion of Supervision Plan form and I have been notified by the Board in writing that I may practice independently.
- _____ I agree to provide supporting documentation of my supervised hours, if requested by the board.

This supervision plan must be approved by the Board. Hours worked under the approved supervisor may be counted to meet the requirement of 2000 hours of post-degree supervised professional practice.

I, the undersigned, have read and agree to comply with the requirements set forth in Minnesota Statutes section 148C.044, subd. 4. I understand that a violation of these requirements can result in a loss of supervision hours and/or disciplinary action against the supervisee.

Supervisor signature: _____ Date: _____

Supervisee signature: _____ Date: _____