Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov

SUPERVISORY PLAN

Title 16, California Code of Regulations (CCR) Sections 1870.1 and 1822 require all associate clinical social workers and professional clinical counselor interns and licensed mental health professionals acceptable to the Board as defined in Business and Professions Code Section 4996.23(a), 4999.12(h) ,and CCR Section 1874, who assume responsibility for providing supervision to those working toward a license as a Clinical Social Worker or Professional Clinical Counselor to complete and sign the following supervisory plan. The original signed plan shall be submitted by the registrant to the board upon application for examination eligibility.

REGISTRANT: ***(Please type or print clearly in ink.)***

Legal name: Last	First	Middle	Registration Number

Address: Number and Street

City	State	Zip Code

Business Telephone	Residence Telephone
( )	( )

LICENSED SUPERVISOR: ***(Please type or print clearly in ink.)***

Name: Last	First	Middle	License No:	Expiration Date:

Employer Name:	Telephone Number: ( )

Address: Number and Street

City	State	Zip Code

Employment Setting:

a. Private Practice ☐
a. Governmental Entity ☐
b. Nonprofit and Charitable Corporation ☐
c. School, College, or University ☐
d. Licensed Health Facility ☐
e. Social Rehabilitation Facility/Community Treatment Facility ☐
f. Pediatric Day Health and Respite Care Facility ☐
g. Licensed Alcoholism or Drug Abuse Recovery or Treatment Facility ☐
h. Community Mental Health Facility ☐

Briefly describe the goals and objectives:

I certify that I understand the responsibilities regarding clinical supervision, including the supervisor's responsibility to perform ongoing assessments of the supervisee, and I declare under penalty of perjury under the laws of the State of California that the information submitted on this form is true and correct.

Supervisor's Signature	Date signed

Registrant's Signature	Date signed

The **original** of this form must be submitted to the board upon application for examination eligibility**.**