

SUPERVISOR SELF-ASSESSMENT REPORT



Instructions and Important Information

WHO IS REQUIRED TO SUBMIT THIS ONE-TIME FORM?

This form must be submitted by any licensed person providing supervision to any of the following types of supervisees:

- Marriage and Family Therapist Trainee or Associate
- Associate Clinical Social Worker
- Associate Professional Clinical Counselor

WHEN MUST I SUBMIT THIS FORM?

Licensees who are newly acting as a supervisor must submit this form within 60 days of commencing supervision for the first time.

This is a one-time submission. Do NOT resubmit upon commencing supervision with a new supervisee.

HOW DO I SUBMIT THE FORM?

Submit via email to BBS.SupSelfAssess@dca.ca.gov (preferred) OR print and mail to:

Board of Behavioral Sciences
1625 North Market Blvd., Suite S200
Sacramento CA 95834

HOW WILL I KNOW IF IT HAS BEEN RECEIVED AND PROCESSED?

Send the form via email for an automated receipt response. To confirm receipt by regular mail, mail your form using a method that includes tracking. Retain the proof of receipt for your files. **The Board will record your status as a supervisor but will not send a confirmation letter.**

WILL MY STATUS AS A SUPERVISOR BE PUBLISHED ONLINE?

No. Your status as a supervisor is for internal use only.

NOTICE ON COLLECTION OF PERSONAL INFORMATION

Please read the [Notice on Collection of Personal Information](#).

QUESTIONS?

Please visit the **Contact Us** link at www.bbs.ca.gov and select an option under “Message the Board.”

INDEX OF LEGAL CITATIONS

All citations below correspond to items listed in the *Supervisor Self-Assessment Report Form*, and can be referenced in the Board's [Statutes and Regulations](#) booklet.

BPC = Business and Professions Code

16 CCR = Title 16, California Code of Regulations

Item #	LMFT Supervisees	LCSW Supervisees	LPCC Supervisees
11.	BPC section 4980.03(g)	BPC section 4996.20(a)	BPC section 4999.12(h)
12.	BPC section 4980.03(g)(6) 16 CCR section 1833.1(a)(1)	BPC section 4996.20(a)(5) 16 CCR section 1870(a)(1)	BPC section 4999.12(h) 16 CCR section 1821(a)(1)
13.	16 CCR section 1833.1(a)(5)	16 CCR section 1870(a)(5)	16 CCR section 1821(a)(5)
14.	BPC section 4980.03(g)	BPC section 4996.20(a)	BPC section 4999.12(h)
15.	16 CCR section 1834	16 CCR section 1871	16 CCR section 1821.1
16.	16 CCR section 1834	16 CCR section 1871	16 CCR section 1821.1
17.	16 CCR section 1834	16 CCR section 1871	16 CCR section 1821.1
18.	16 CCR section 1834	16 CCR section 1871	16 CCR section 1821.1
19.	16 CCR section 1833.1(a)(6)	16 CCR section 1870(a)(7)	16 CCR section 1821(a)(6)
20.	BPC section 4980.43.4(c)	BPC section 4996.23.3(c)	BPC section 4999.46.4(c)
21.	16 CCR section 1833.1(a)(3)	16 CCR section 1870(a)(3)	16 CCR section 1821(a)(3)
22.	16 CCR section 1833.1(a)(4)	16 CCR section 1870(a)(4)	16 CCR section 1821(a)(4)
23.	16 CCR section 1833(c)	16 CCR section 1869(c)	16 CCR section 1820(c)
24.	16 CCR section 1833.1(a)(3)	16 CCR section 1870(a)(3)	16 CCR section 1821(a)(3)
25.	16 CCR section 1833.1(a)(10)	16 CCR section 1870(a)(11)	16 CCR section 1821(a)(10)
26.	16 CCR section 1833.1(a)(10)	16 CCR section 1870(a)(10)	16 CCR section 1821(a)(10)
27.	16 CCR section 1833.1(c)	16 CCR section 1870(c)	16 CCR section 1821(c)
28.	16 CCR section 1833.1(b)	16 CCR section 1870(b)	16 CCR section 1821(b)
29.	BPC section 4980.43.5	BPC section 4996.21	BPC section 4999.46.5

SUPERVISOR SELF-ASSESSMENT REPORT



Office Use Only:

Carefully read the "Instructions and Important Information" FIRST

1. Supervisor's Name: Last		First		Middle
2. Business Phone:	3. E-Mail Address:		4. Date Began Supervising:	
5. California License Type(s): <input type="checkbox"/> LCSW <input type="checkbox"/> LMFT <input type="checkbox"/> LPCC <input type="checkbox"/> LEP <input type="checkbox"/> Clinical Psychologist <input type="checkbox"/> Physician Board-Certified in Psychiatry by the American Board of Psychiatry and Neurology				
6. License Number:	7. Date Issued:	8. License Number:	9. Date Issued:	

10. If you have held your California license for less than two (2) years, OR if you have used your California license for less than two (2) out of the past five (5) years, list your qualifying license(s) in another state:

State	License Type	License Number	Date Issued

11. Have you held an <u>active</u> license California or any other state for at least two (2) of the past five (5) years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. I understand that I must maintain a current and active California license in good standing, and if I do not renew my license on time and have been acting as a supervisor during the time my license has lapsed, any hours gained by my supervisees during that time will NOT be counted toward licensure and my license may be subject to disciplinary action.	Initials: _____
13. I understand that I must immediately notify my supervisees of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive license status, or any lapse in licensure that affects my ability or right to supervise.	Initials: _____

Supervisor's Last Name	First	Middle
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14. Have you practiced psychotherapy, provided psychological counseling pursuant to subdivision (b) of section 4989.14 of the Business and Professions Code (BPC), or provided direct clinical supervision of psychotherapy performed by trainees, interns, or associates who perform psychotherapy for at least two (2) of the past five (5) years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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15. Have you been issued any of the following "approved supervisor" designations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If YES, (1) Mark the box next to the type of certification held; (2) List the date issued and (3) SKIP questions 16 and 17.

- American Association for Marriage and Family Therapy (AAMFT): Date Issued: _____
- American Board of Examiners in Clinical Social Work (ABECSW): Date Issued: _____
- California Association of Marriage and Family Therapists (CAMFT): Date Issued: _____
- Center for Credentialing and Education (CCE): Date Issued: _____

16. Have you completed a 15-hour supervisor training which included all of the topics below from an acceptable provider(s)*?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A* <input type="checkbox"/>
Course Provider: _____ Date: _____ Course Provider: _____ Date: _____ <p style="text-align: center;">Total supervisor training hours: _____</p>	
Course(s) must have covered current best practices and current industry standards, which include legal requirements, professional codes of ethics, and research focused on supervision regarding the following: (A) Competencies necessary for new supervisors; (B) Goal setting and evaluation; (C) The supervisor-supervisee relationship; (D) California law and ethics, including legal and ethical issues related to supervision; (E) Cultural variables, including, but not limited to, race, gender, social class, and religious beliefs; (F) Contextual variables, such as treatment modalities, work settings, and use of technology; (G) Supervision theories and literature; and (H) Documentation and record keeping of the supervisee's client files, and documentation of supervision.	
<p>*Psychologists licensed by the Board of Psychology and Physicians Board-Certified as Psychiatrists: Supervisor training requirements do not apply to you. However, the Board strongly encourages all supervisors to complete supervisor training.</p>	

Supervisor's Last Name	First	Middle
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17. I understand that I must complete a minimum of six (6) hours of continuing professional development (CPD) in supervision during each license renewal period while providing supervision.*	Initials: _____ N/A* <input type="checkbox"/>
18. I understand that I must have sufficient experience, training and education in the area of clinical supervision to competently supervise individuals pursuing licensure.	Initials: _____
19. I understand that if I am supervising in a nonexempt setting I may not serve as an individual or triadic supervisor for more than six (6) supervisees at any time.	Initials: _____
20. I understand that I must be competent in the areas of clinical practice and techniques being supervised.	Initials: _____
21. I understand that I am required to self-monitor for and address supervision dynamics such as, but not limited to, countertransference-, intrapsychic-, interpersonal-, or trauma-related issues that may affect supervision.	Initials: _____
22. I understand that my supervisee and I must complete a Supervision Agreement form within 60 days of commencing supervision.	Initials: _____
23. I understand that I must remain informed of developments and law changes in the professions for which I am supervising, and ensure compliance with all statutes and regulations governing practice.	Initials: _____
24. I understand that I must establish and communicate to the supervisee procedures for contacting myself, or in my absence, an alternative on-call supervisor to assist in handling crises and emergencies, prior to the commencement of supervision.	Initials: _____

***Psychologists licensed by the Board of Psychology and Physicians Board-Certified as Psychiatrists:** Supervisor training and CPD requirements do not apply to you. However, the Board strongly encourages all supervisors to complete supervisor training and CPD.

Supervisor's Last Name	First	Middle
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25. I understand that I must complete an assessment of ongoing strengths and limitations of the supervisee at least once per year and at the completion or termination of supervision, and provide a copy to the supervisee.	Initials: _____
26. I understand that I am required to obtain from each supervisee the name, address, and telephone number of the supervisee's most recent supervisor and employer.	Initials: _____
27. I understand that I am required to provide one week's prior notice to my supervisee if I intend to no longer sign for any further hours of experience.	Initials: _____
28. I understand that the Board has the right to audit records of any supervisor to verify completion of supervisor qualifications. I must maintain records for a period of seven (7) years after termination of supervision.	Initials: _____

I certify under penalty of perjury that all of the foregoing is true and correct. I understand that my license may be subject to disciplinary action should any conduct in my supervision violate the Board's statutes or regulations.

Original or Electronic Signature

Date