



**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](http://www.bbs.ca.gov)



## SAMPLE WRITTEN OVERSIGHT AGREEMENT FOR SUPERVISION

***Required when the supervisor is not employed by  
 the supervisee's employer or is a volunteer***

Date:

Supervisee name:

Supervisor name:

Employer name:

SAMPLE

This letter serves as an oversight agreement between (Employer name) and (Supervisor name). (Employer name) agrees to allow (Supervisor name), who (pick one: "is not employed by" or "is a volunteer for" (Employer name)) to provide clinical supervision to (Associate or Trainee name).

(Supervisor name) agrees to take supervisory responsibility for the services provided by (Associate or Trainee name). (Supervisor name) shall ensure that the extent, kind and quality of services performed is consistent with (Associate or Trainee name)'s training, education, and experience and is appropriate in extent, kind and quality.

(Employer name) is aware of the licensing requirements that must be met by (Associate or Trainee name) and agrees not to interfere with (Supervisor name)'s legal and ethical obligations to ensure compliance with those requirements; and agrees to provide (Supervisor name) access to clinical records of the clients counseled by (Associate or Trainee name).

\_\_\_\_\_  
 Supervisor Printed Name

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Employer's Authorized Representative Printed Name and Title

\_\_\_\_\_  
 Employer's Authorized Representative Signature

\_\_\_\_\_  
 Date

### NOTE:

This is a SAMPLE letter. It should be written on the letterhead of the employer and must be signed and dated PRIOR to gaining hours of experience.  
 The supervisee shall submit this letter with the application for licensure.