RESPONSIBILITY STATEMENT FOR SUPERVISORS 
OF AN ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR

Title 16, California Code of Regulations (16 CCR) section 1821 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to those working toward licensure as a Licensed Professional Clinical Counselor (LPCC) to complete and sign, under penalty of perjury, the following statement prior to the commencement of any counseling or supervision, and to provide the associate with the original.

As the supervisor:

1) I am licensed in California and have been so licensed for at least two years prior to commencing this supervision. (16 CCR § 1821(b)(1) and Business and Professions Code (BPC) § 4999.12(h)(1))
   A. The license I hold is:
   Licensed Professional Clinical Counselor……………………………… License # Issue Date
   Licensed Marriage and Family Therapist……………………………… License # Issue Date
   Licensed Clinical Social Worker………………………………………… License # Issue Date
   *Licensed Clinical Psychologist………………………………………… License # Issue Date
   *Licensed Physician and Surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology………… License # Issue Date

   **B. I have had sufficient experience, training, and education in professional clinical counseling to competently practice professional clinical counseling in California. (16 CCR§ 1821(b)(2))

   C. I will keep myself informed about developments in professional clinical counseling and in California law governing the practice of professional clinical counseling. (16 CCR § 1821(b)(3))

2) I have and maintain a current and valid license in good standing and will immediately notify any associate under my supervision of any disciplinary action taken against my license, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure, that affects my ability or right to supervise. (16 CCR § 1821(b)(4))

3) I have practiced psychotherapy or provided direct supervision of trainees, associates, or associate clinical social workers who perform psychotherapy for at least two (2) years within the five (5) year period immediately preceding this supervision. (16 CCR § 1821(b)(5))

4) I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise associates. (16 CCR § 1821(b)(6))

5) I have completed six (6) hours of supervision training or coursework within the two-year period immediately preceding this supervision, and must complete such coursework in each renewal period while supervising. If I have not completed such training or coursework, I will complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of the commencement of this supervision, and in each renewal period while providing supervision. (16 CCR § 1821(b)(6)(A) and (B))

   * Licensed Clinical Psychologists and Physicians certified in psychiatry are not required to comply with #5.
   ** Applies only to supervisors NOT licensed as a Licensed Professional Clinical Counselor.
6) I know and understand the laws and regulations pertaining to both the supervision of associates and the experience required for licensure as a licensed professional clinical counselor. (16 CCR § 1821(b)(7))

7) I shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the associate. (16 CCR § 1821(b)(8))

8) I shall monitor and evaluate the extent, kind, and quality of counseling performed by the associate by direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate. (16 CCR § 1821(b)(9))

9) I shall address with the associate the manner in which emergencies will be handled. (16 CCR § 1821(b)(10))

10) I agree not to provide supervision to an associate unless the associate is a volunteer or employed in a setting that meets both of the following: (A) lawfully and regularly provides mental health counseling or psychotherapy; (B) provides oversight to ensure that the associate’s work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC section 4999.20. (BPC § 4999.44)

11) If I am to provide supervision on a voluntary basis in a setting which is not a private practice, a written agreement will be executed between myself and the organization in which the employer acknowledges that they are aware of the licensing requirements that must be met by the associate, they agree not to interfere with my legal and ethical obligations to ensure compliance with these requirements, and they agree to provide me with access to clinical records of the clients counseled by the associate. (16 CCR § 1820(e)(3))

12) I shall give at least (1) one week’s prior written notice to an associate of my intent not to sign for any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where I actually provided the required supervision. (16 CCR § 1821(d))

13) I shall obtain from each associate for whom supervision will be provided, the name, address, and telephone number of the associate’s most recent supervisor and employer. (16 CCR § 1821(e))

14) In any setting that is not a private practice, I shall evaluate the site(s) where an associate will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of practice of a licensed professional clinical counselor; and (2) the experience is in compliance with the requirements set forth in 16 CCR section 1820 and 4999.44 of the Code. (16 CCR § 1821(f))

15) Upon written request of the Board, I shall provide to the board any documentation which verifies my compliance with the requirements set forth in 16 CCR section 1821. (16 CCR § 1821(g))

16) I shall provide the associate with the original of this signed statement prior to the commencement of any counseling or supervision. (16 CCR § 1821(c))

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet all criteria stated herein and that the information submitted on this form is true and correct.

Printed Name of Qualified Supervisor ___________________________ Signature of Qualified Supervisor ___________________________ Date ___________________________

Mailing Address: ___________________________ Number and Street ___________________________ City ___________________________ State ___________________________ Zip Code ___________________________

THE SUPERVISOR SHALL PROVIDE THE ASSOCIATE BEING SUPERVISED WITH THE ORIGINAL OF THIS SIGNED STATEMENT PRIOR TO THE COMMENCEMENT OF ANY COUNSELING OR SUPERVISION.

THE ASSOCIATE SHALL SUBMIT THIS FORM TO THE BOARD UPON APPLICATION FOR LICENSURE.