

Date:

Board of Behavioral Sciences

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SAMPLE WRITTEN OVERSIGHT AGREEMENT FOR SUPERVISION

Required when the supervisor is not employed by the supervisee's employer or is a volunteer. Note: The specific wording of this sample applies to supervisory relationships that began January 1, 2022 or later.

Date:	SAMPLE	
Supervisee name:	Supervisor name:	
Employer name:		
(<u>Employer name</u>) agrees to	ersight agreement between (<u>Employer name</u>) a allow (<u>Supervisor name</u>), who (pick one: " <u>is no</u> a <u>me</u>) to provide clinical supervision to (<u>Associat</u>	ot employed by" or "is a
(Associate or Trainee name services performed is consi	to take supervisory responsibility for the service. 2). (Supervisor name) shall ensure that the extensions with (Associate or Trainee name)'s training the in extent, kind and quality.	ent, kind and quality of
<u>Trainee name</u>) and agrees to ensure compliance with to clinical records of the client supervisor will be providing compliance with the standa	of the licensing requirements that must be met not to interfere with (<u>Supervisor name</u>)'s legal as those requirements; agrees to provide (<u>Supervisor name</u>); a counseled by (<u>Associate or Trainee name</u>); a clinical guidance and direction to the supervisor of practice of the profession, which include as, and agrees not to interfere with this process.	and ethical obligations isor name) access to and is aware that the see in order to ensure legal requirements and
Supervisor Printed Name	Supervisor Signature	 Date
Employer's Authorized Repr	esentative - Printed Name and Title	
Employer's Authorized Repr	esentative Signature Date	
	NOTE:	_
signed and dated	It should be written on the letterhead of the eperions to gaining hours of experience under	the supervisor.