

**RESPONSIBILITY STATEMENT FOR SUPERVISORS OF A MARRIAGE, FAMILY, AND CHILD COUNSELOR INTERN OR TRAINEE**

1800 37A-523 (REV. 7/02)

BOARD OF BEHAVIORAL SCIENCES  
400 R ST., SUITE 3150, SACRAMENTO, CA 95814-6240  
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*Title 16, California Code of Regulations Section 1833 & 1833.1 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to those working toward a Marriage, Family, and Child Counselor license to complete and sign, under penalty of perjury, the following statement.*

Trainee's or Intern's Name	IMF Number
Supervisor's Name	

As the supervisor:

- 1) I am licensed in California and have been so licensed for at least two years prior to commencing this supervision. The license I hold is:

Marriage, Family, and Child Counselor.....	_____ / _____ <i>License # Issue Date</i>
Licensed Clinical Social Worker.....	_____ / _____ <i>License # Issue Date</i>
*Psychologist.....	_____ / _____ <i>License # Issue Date</i>
*Physician certified in psychiatry by the ..... <i>American Board of Psychiatry and Neurology</i> [Business and Professions Code Section 4980.40(f)]	_____ / _____ <i>License # Issue Date</i>

I have had sufficient experience, training, and education in marriage, family, and child counseling to competently practice marriage, family, and child counseling in California and I will keep myself informed about developments in marriage, family, and child counseling.

- 2) I have and maintain a current license in good standing and will immediately notify any intern or trainee under my supervision of any disciplinary action taken against my license, including revocation or suspension, even if stayed, probation terms, inactive license status, or lapse in licensure, that affects my ability or right to supervise.
- 3) I have practiced psychotherapy for at least two (2) years within the five (5) year period immediately preceding this supervision and I have averaged at least five (5) patient/client contact hours per week.
- 4) I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise trainees or interns.
- 5) I have completed a minimum of six (6) hours of supervision training or coursework every two years or I have commenced supervision on and after January 1, 2000 and will complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of commencement of supervision.
- 6) I know and understand the laws and regulations pertaining to both the supervision of trainees and interns and the experience required for licensure as a marriage, family, and child counselor.
- 7) I shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the intern or trainee.
- 8) I shall monitor and evaluate the extent, kind, and quality of counseling performed by the intern or trainee 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.

- 9) I shall address with the intern or trainee the manner in which emergencies will be handled.
- 10) I agree not to provide supervision to a trainee unless the trainee is a volunteer or employed in one of the following work settings permitted by law; a) a governmental entity; b) a school, college, or university; c) a nonprofit and charitable corporation; d) a licensed health facility (Health and Safety Code Sections 1250, 1250.2, and 1250.3); e) a social rehabilitation facility or a community treatment facility (Health and Safety Code Section 1502(a)); f) a pediatric day health and respite care facility (Health and Safety Code Section 1760.2); g) a licensed alcoholism or drug abuse recovery or treatment facility (Health and Safety Code Section 11834.02).
- 11) I agree not to provide supervision to an intern unless the intern is a volunteer or employed in one of the following work settings permitted by law; a) a governmental entity; b) a school, college, or university; c) a nonprofit and charitable corporation; d) a licensed health facility (Health and Safety Code Sections 1250, 1250.2, and 1250.3); e) a social rehabilitation facility or a community treatment facility (Health and Safety Code Section 1502(a)); f) a pediatric day health and respite care facility (Health and Safety Code Section 1760.2); g) a licensed alcoholism or drug abuse recovery or treatment facility (Health and Safety Code Section 11834.02); h) a private practice as specified in Section 4980.43(f).
- 12) If I am to provide supervision on a voluntary basis, 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 intern or trainee, 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 intern or trainee.
- 13) I shall give at least (1) one week's written notice to any intern or trainee of my intent not to certify 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.
- 14) I shall obtain from any intern or trainee for which supervision will be provided, the name, address, and telephone number of the intern's or trainee's most recent supervisor and employer.
- 15) In any setting that is not a private practice, I shall evaluate the site(s) where an intern or trainee will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of marriage, family, and child counseling; and (2) the experience is in compliance with the requirements set forth in Title 16, California Code of Regulations Sections 1833 & 1833.1.
- 16) Upon written request of the Board, I shall provide to the board any documentation which verifies my compliance with the requirements set forth in this section.

***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 with all the criteria stated therein and 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*

Qualified Supervisor's Daytime Telephone Number: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

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

**\* Psychologists and Physicians certified in psychiatry are not required to comply with #5.**