

MONTANA BOARD OF PSYCHOLOGISTS  
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Print Form

FORM A

### AGREEMENT OF SUPERVISION

It is the understanding of the Board of Psychologists of the State of Montana that

\_\_\_\_\_ will be a supervisee in connection with the practice of  
(Supervisee)  
psychology at the \_\_\_\_\_ conducted under the direct  
(Institution or Other)  
supervision of \_\_\_\_\_ who is licensed as a Psychologist in the  
(Supervisor)  
State of Montana. \_\_\_\_\_ assumes professional responsibility for  
(Supervisor)  
the psychological activities and services of \_\_\_\_\_ as required  
(Supervisee)  
by Administrative Rule of Montana (ARM) 24.189.607 for which the Supervisor has accepted  
responsibility and over which he/she has exercised supervision. This statement constitutes the  
written agreement by the ARM 24.189.607(7).

Supervisor (Signature): \_\_\_\_\_

Supervisee (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

BOARD ACCEPTANCE OF THE SUPERVISION INDICATES THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCEPTABLE. IT DOES NOT INDICATE THAT THE PROPOSED SUPERVISION HAS INCORPORATED ALL REQUIREMENTS SPECIFIED IN STATE LAW SECTION 37-17-302 AND SUBSTANTIVE RULE 24.189.607 ARM. FAILURE TO HAVE INCORPORATED THESE MANDATED CONDITIONS MAY RESULT IN ACCEPTED SUPERVISION NOT ADEQUATELY FULFILLING THE REQUIRED EXPERIENCE. THUS, IT IS THE SUPERVISEE'S RESPONSIBILITY TO ENSURE THAT ALL NECESSARY CONDITIONS ARE MET. SUPERVISED EXPERIENCE ALONE DOES NOT GUARANTEE ADMITTANCE TO THE EXAMINATION OR THAT THE APPLICANT WILL ULTIMATELY BE LICENSED.



Supervisor has been licensed for three years?      Yes      No

Written individualized training plan developed?      Yes      No

Quarterly reports to be kept per ARM 24.189.607(9)(e)?      Yes      No

For Supervisor: List previous training and experience in supervision \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of hours per week of work time to be spent by supervisee in psychological activities: \_\_\_\_\_

Place or places where supervision will take place: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of visits and hours expected to be spent by the supervisor in direct contact with the supervisee: \_\_\_\_\_

Supervisee Log or diary kept per ARM 24.189.607(10)?      Yes      No

Beginning date of supervision \_\_\_\_\_ Estimate of ending date of supervision \_\_\_\_\_

List the names of two other mental health professionals who will participate in the training of the supervisee and will be on site when the supervisor is not:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

Indicate how these individuals will participate in the training and indicate how they will address emergency situations. Please refer to ARM 24.189.607(4)(d)(ii)(A)(B) and (9) (c):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to comply with the provisions of the rules regarding supervision of non-licensed persons?  
Yes      No

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

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