Virginia Department of Health Professions
Board of Counseling

Compliance Monitoring
Boards of Counseling, Psychology, and Social Work
9960 Mayland Drive, Ste. 300, Henrico, Virginia 23233
804-367-4504 telephone; 804-527-4435 facsimile
BSUCompliance@dhp.virginia.gov

REQUEST FOR BOARD APPROVAL OF PRACTICE SUPERVISOR

To be completed by the licensee/certificate holder/registrant under terms of a Board Order:

Name: _____ License No(s).: _____

My board order requires practice supervision with a Board approved supervisor, who shall meet the specific requirements of the Order.
By my signature below, I certify that:

- I contacted and discussed with my potential supervisor all requirements for the ordered supervision, including any deadlines, required releases, costs, and reporting requirements. In addition, I have provided the potential supervisor with
  - a copy of my entire Board Order entered, along with any other documents specified in my Order; and
  - any other Orders entered against any health or mental health license, certificate, or registration that I hold with any Board in Virginia or another jurisdiction;
- I signed and returned to the Compliance Case Manager ("CCM") the authorization form that allows free communication between this potential supervisor and the Board;
- I provided this potential supervisor with the CCM's name and contact information;
- I read the Board Order and understand the requirements for practice supervision;
- I understand that, in accordance with the Board Order, I must receive board approval of the potential supervisor prior to beginning supervised practice;
- I will notify my supervisor immediately if I become aware of any board investigations and/or action taken against any health or mental health license, certificate, or registration that I hold in Virginia or another jurisdiction.

_____ _____
Signature of Licensee Date

To be completed by the potential supervisor:

Supervisor's Name: _____

Address: _____

Email Address: No.: _____

Health or Mental Health Licenses/Certificates/Registrations in Virginia or any other jurisdiction:

State: _____ License Type: _____ License No.: _____

State: _____ License Type: _____ License No.: _____

State: _____ License Type: _____ License No.: _____

State: _____ License Type: _____ License No.: _____

Supervisor's relationship to the licensee prior to this agreement has been:

☐ none ☐ social ☐ personal ☐ professional ☐ doctor/patient

If any checked (other than "none"), detail relationship: _____

By my signature below, I certify that:

- I have received a complete copy of the Board Order and I am willing to provide supervision as required;
- I have attached a copy of my *curriculum vitae* with this request, for Board review prior to approval;
- I have received the Compliance Case Manager's ("CCM") contact information and I understand my responsibility to provide timely reports of the supervisory activities to the CCM;
- I understand that the purpose of my supervision is to provide the Board with information that will be used to help determine whether, and under what conditions, the licensee might be safe and competent to return to practice without restriction of supervision.
- I have a thorough understanding of the regulations that govern the licensee's practice, and I understand that it is my responsibility to report to the Board any concerns about the licensee.

_____ _____
Signature of Licensee Date