

SUPERVISION PLAN FORM

Return to the Board by mail, fax, or email to:

Iowa Department of Public Health
Bureau of Professional Licensure
Lucas State Office Bldg., 5th Floor
321 E. 12th St.
Des Moines, Iowa 50319
Fax: 515-281-3121
Email: plpublic@idph.iowa.gov

MHC/MFT supervision rules: [645 IAC 31.7](#).

SW supervision rules: [645 IAC 280.6](#).

•SUPERVISEE INFORMATION•

Supervisee's Name: _____ License #: _____

Supervisee's mailing address: _____

Supervisee's daytime phone number: _____

Supervisee's email address: _____

Agency/Institution of supervised clinical experience: _____

Address of Agency/Institution: _____

(Supervisees are not permitted to operate their own private practice or to operate a group practice consisting solely of supervisees)

Will you also be utilizing another supervisor? YES NO

(If yes, you must submit a separate supervision plan form for each supervisor prior to beginning supervision. You may utilize a maximum of four supervisors at any given time. You must notify each supervisor of all other supervisors utilized.)

**YOU MUST SUBMIT A COMPLETED SUPERVISION PLAN FORM TO THE
BOARD BEFORE BEGINNING SUPERVISION**

•SUPERVISOR INFORMATION•

To be completed by the supervisor.

Supervisor's Name: _____

License type: _____ License #: _____

Supervisor's mailing address: _____

Supervisor's daytime phone number: _____

Supervisor's email address: _____

Does the supervisor work at the supervisee's Agency/Institution identified above? YES NO

If no, provide practice location information: _____

Do you have a minimum of three years of independent practice? YES NO

(If no, you cannot serve as a supervisor)

Are you on the list of Board-approved supervisors? YES NO *(Check the Board's website)*

(If no, submit proof of completion of a 6-hour continuing education course in supervision or one graduate-level course in supervision with this form)

Answer the following questions together:

Anticipated start date of supervision (must be in the future): _____

Anticipated end date of supervision: _____

(The supervised clinical experience must be for a minimum of two years)

Approximately how many hours per week will the supervisee be working under this plan? _____

Approximately how many hours per week will the supervisee be having direct client contact? _____

(The supervised clinical experience must consist of at least 3,000 hours of practice, with at least 1,500 hours of direct client contact)

What is the planned frequency and duration for direct individual supervision? _____

What is the planned frequency and duration for direct group supervision? _____

Will direct supervision occur in-person, using videoconferencing, or both? _____

For a supervisee who started supervision on or after July 20, 2022, how do you plan to complete the required 24 hours of live or recorded direct observation of client interaction? _____

(The supervised clinical experience must consist of at least 110 hours of direct supervision equitably distributed throughout the supervised clinical experience, including at least 24 hours of live or recorded direct observation of client interaction. A maximum of 50 hours of direct supervision may be obtained through group supervision.)

Describe the goals and objectives for supervision: _____

Describe which of the required content areas this supervision plan intends to cover: _____

(The supervised clinical experience must involve performing psychosocial assessments, diagnostic practice using the current edition of the DSM, and providing treatment, including the establishment of treatment goals, psychosocial therapy using evidence-based therapeutic modalities, and differential treatment planning. The supervised clinical experience must prepare the supervisee for independent practice and must include training on practice management, ethical standards, legal and regulatory requirements, documentation, coordination of care, and self-care.)

If the supervisor does not work for the same agency/institution as the supervisee, describe how the supervisor will have access to the supervisee's clinical records: _____

If the supervisee will also be utilizing other supervisors, describe your plans for coordinating with the other supervisors: _____

I certify that I have read and understand the rules regarding supervised clinical experience, and that the practice detailed herein meets the requirements found in those rules. I also certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare, under penalty of perjury, that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the supervised clinical experience. I also understand that this application is a public record and is open for public inspection in accordance with Iowa Code Chapter 22. Finally, in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

Supervisor's Signature

Date

Supervisee's Signature

Date

An applicant for licensure as an independent level social worker, mental health counselor, or marriage and family therapist must complete a supervised clinical experience as set forth:

Minimum requirements. The supervised clinical experience must satisfy all of the following requirements:

a. *Timing.* The supervised clinical experience cannot begin until after licensure as a master level social worker or until after all graduate coursework has been completed with the exception of the thesis, for marriage and family therapists and mental health counselors.

b. *Duration.* The supervised clinical experience must be for a minimum of two years.

c. *Minimum number of hours.* The supervised clinical experience must consist of at least 3,000 hours of practice.

d. *Minimum number of direct client hours.* The supervised clinical experience must consist of at least 1,500 hours of direct client contact.

e. *Minimum number of direct supervision hours.* The supervised clinical experience must consist of at least 110 hours of direct supervision equitably distributed throughout the supervised clinical experience, including at least 24 hours of live or recorded direct observation of client interaction. A maximum of 50 hours of direct supervision may be obtained through group supervision. Direct supervision can occur in person or by using videoconferencing. After 110 hours of direct supervision are complete, ongoing direct supervision must continue to occur for the remainder of the supervised clinical experience.

f. *Number of supervisors.* A supervisee may utilize a maximum of four supervisors at any given time. A supervisee is responsible for notifying each supervisor if another supervisor is also being utilized to allow for coordination as appropriate.

g. *Number of supervisees.* A supervisor shall determine the number of supervisees who can be supervised safely and competently and shall not exceed that number.

h. *Content.* The supervised clinical experience must involve performing psychosocial assessments, diagnostic practice using the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), and providing treatment, including the establishment of treatment goals, psychosocial therapy using evidence-based therapeutic modalities, and differential treatment planning. The supervised clinical experience must prepare the supervisee for independent practice and must include training on practice management, ethical standards, legal and regulatory requirements, documentation, coordination of care, and self-care.

Eligible supervisors. A supervisor must satisfy all of the following requirements:

a. A supervisor must hold an active license as an independent level social worker, mental health counselor, or marital and family therapist in Iowa.

b. A supervisor must have a minimum of three years of independent practice.

c. A supervisor must have completed at least a six-hour continuing education course in supervision or one graduate-level course in supervision.

d. A supervisor must be knowledgeable of the applicable ethical code and licensing rules governing the supervisee.

e. Any request for a supervisor who does not meet these requirements must be approved by the board before supervision begins.

Supervision plan. Prior to beginning supervision, the supervisee must submit a written supervision plan to the board using the current form published by the board. The supervisee must also submit a written supervision plan to the board prior to beginning supervision with a new supervisor.

Supervision report. When supervision is complete, or when a supervisor ceases providing supervision to the supervisee, the supervisee must ensure a completed supervision report using the current form published by the board is submitted to the board. If the supervisor reports that the supervisee is not adequately prepared for independent licensure, or reports violations of the board's rules or applicable ethical code, the board may require the supervisee to complete additional supervision or training as deemed appropriate prior to licensure.