

Type of Setting: Private Practice___ Hospital___ School___ Volunteer___
Government Agency___ Nonprofit___ Other ___ (describe _____)

Type of Counseling Experience/Scope of Practice To Be Gained (Check all that apply) General___ Group___
Marriage & Family___ Drug & Alcohol___ Career & Vocational___ Rehabilitation ___ Academic___
Child & Adolescent___ Art Therapy___ Other ___ (describe _____)

SUPERVISEE AFFIRMATION

I, as supervisee, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That I have read the Board Rules & Regulations related to supervised experience and that all supervised experience will be completed in accordance with the Board Rules & Regulations.
- That I will meet with my supervisor at least one hour per 25 hours or standard work-week of documented supervised experience.
- That I will abide by all rules of the Board, including ACA ethics requirements.
- That I understand that I am practicing *under* the license of a Mississippi Board Qualified Supervisor, and I do not have authority to engage in the independent practice of counseling.
- That I will notify the Board if this supervisory arrangement is terminated.
- That it is my responsibility to know whether or not my supervisor is a Board Qualified Supervisor.
- That I understand any additional supervisors and settings must be filed with the Board in advance.

My Commission Expires: _____
Signature of Supervisee _____ Date _____

Notary Seal _____
Notary _____ Date _____

SUPERVISOR AFFIRMATION

I, as the Mississippi Board Qualified Supervisor of the above named supervisee, affirm that all information provided by me on this form is true and accurate, and I affirm the following:

- That all supervised experience will be completed in accordance with Board Rule 4.3(A) of the Rules and Regulations related to supervised experience and all subsequent Board rules.
- That I will provide supervision to the above named supervisee at least one hour for each 25 hours or standard work-week of documented experience.
- That I understand the full professional responsibility for services provided by the supervisee shall rest with the supervisor.
- That I understand that the supervisee cannot engage in the independent practice of counseling until he or she obtains a professional license.
- That I understand the supervisory arrangement is only valid while my license remains current.
- That I will notify the Board if the supervisory arrangement is terminated.
- That I will keep my supervisor status current and that it is my responsibility to inform the supervisee should my supervisor status lapse.

My Commission Expires: _____
Signature of Supervisor _____ Date _____

Notary Seal _____
Notary _____ Date _____