

ETHICS in CLINICAL SUPERVISION AGREEMENT

- I hereby attest that I have read and understood the American Counseling Association's Code of Ethics and Standards of Practice and will practice my counseling and clinical work in accordance with these standards.
- Any breach of these ethics or any unethical behavior on my part may result in termination of my supervision and documentation of such behavior will become part of my permanent record.
- I understand that I may be required to become familiar with additional codes of ethics from related professional disciplines if I belong to other professional associations.
- I agree to adhere to the rules, standards and practices of Licensed Professional Counselors in the State of Colorado.
- I understand that my responsibilities include keeping my Supervisor fully informed regarding my supervision experience.
- I understand that successful completion of my *clinical* supervision is NOT determined by a specified number of hours.
- Successful completion of my *clinical* supervision is solely contingent upon my ability to demonstrate competency in areas of counseling skills, knowledge and competencies as defined in my *Clinical Supervisee Competency Assessment Form and Feedback*.

Supervisor's Signature

Date

Supervisee's Signature

Date