



CONFIRMATION OF PRIVATE PRACTICE ARRANGEMENTS

We confirm that in the practice of _____:

1. The setting provides such diversity in clientele and practice activities as will prepare the supervised member adequately for autonomous practice in the intended area of practice;
2. It is made clear to clients from the outset of provision of service, to third party insurers, and in all public announcements, that services are being provided by a supervised member; the identity of the supervisor must be provided in each of these instances;
3. Clients are advised that meetings between the clients and the supervisor may occur at the request of the client, the supervisor, or the supervised member;
4. All formal reports and communications are co-signed by the supervisor;
5. Billing of clients, and the collection of client fees, are carried out in the name of the supervisor. Such billing includes a statement of the supervisory relationship, the identities of the supervisor and supervised member, and the address and telephone number of the supervisor;
6. Where a private practice takes place at more than one site, the supervisor and the supervisee should work at the same site for the majority of the time.

Supervisor's Name

Supervisor's Signature

Date

Supervised Member's Name

Supervised Member's Signature

Date