

Sample Supervision/Consultation Letter of Agreement

This Letter of Agreement (LOA) is for the services of <Supervisor name and credentials> (hereinafter referred to as “SUPERVISOR”), and <name>_<Supervisee name and credentials> (hereinafter referred to as “SUPERVISEE”).

The terms of this LOA are as follows:

1. SUPERVISOR, agrees to provide supervision/consultation to SUPERVISEE. Such supervision is not intended for professional licensure within any state in the US, and is intended solely as a professional educational and development experience for the SUPERVISEE in partial fulfillment of the requirements to obtain a Certified Eating Disorders Specialist (CEDS) designation from the International Association of Eating Disorders Professionals (iaedp).
2. SUPERVISOR is an Approved Supervisor granted the standing right by iaedp to provide said supervision and that SUPERVISOR will in good faith adhere to all requirements set forth by iaedp to maintain status as an Approved Supervisor; and that should SUPERVISOR’s status as an Approved Supervisor change in any way, SUPERVISOR will notify SUPERVISEE within 48 hours of such change. Should SUPERVISOR no longer qualify as an Approved Supervisor, this LOA shall be automatically terminated.
3. SUPERVISOR does not retain and does not accept professional or legal liability of any kind related to the clients and/or patients to whom the SUPERVISEE provides assessment, medical services and/or counseling and/or therapeutic services (hereinafter referred to as “clinical services”).
4. SUPERVISEE asserts that they are currently licensed within his/her state of residence to provide all clinical services which may be discussed during this educational supervision experience. SUPERVISEE agrees to maintain said licensure at all times during the supervisory experience covered by this LOA and to notify SUPERVISOR within 48 hours if such licensure lapses or is revoked or suspended for any reason. Upon such change in licensure, this LOA will cease from that time onward. SUPERVISEE agrees to work within the statutory and regulatory conditions and responsibilities of said licensure and to discuss in supervision only those services which s/he is duly licensed to provide.
5. SUPERVISEE accepts and retains all professional and legal liability for all medical/clinical services provided to the clients and/or patients whose cases are discussed during supervision with SUPERVISOR.
6. SUPERVISEE asserts that they currently have active professional liability insurance that covers all medical/clinical services to be discussed during supervision with SUPERVISOR, and SUPERVISEE agrees to maintain such insurance for the duration of this LOA. SUPERVISEE agrees to notify SUPERVISOR within 48 hours of any lapse or change in status to said professional liability insurance or if they are subject to any litigation. In case of litigation it would be at SUPERVISOR discretion if they will be comfortable continuing supervision or not.
7. SUPERVISOR will conduct all supervisory meetings in accordance with the ethical guidelines of the iaedp. As such, SUPERVISOR agrees to maintain, supervision notes covering each session that occurs with SUPERVISEE.

8. SUPERVISEE agrees to conduct all supervisory meetings and to provide all clinical services in accordance with the iaedp ethical guidelines . As such, SUPERVISEE agrees to maintain, according to the statutes of the state in which they are licensed, appropriate notes covering each session that is discussed during supervision, and to retain these for a minimum of seven years, or longer if state law so requires.

9. SUPERVISEE agrees to notify SUPERVISOR of any and all ethical concerns expressed by clients and/or patients whose care is discussed during supervision. SUPERVISEE agrees to notify supervisor of any ethical actions, charges, or claims filed against SUPERVISEE by clients and/or patients whose care is discussed during supervision. SUPERVISEE agrees to notify SUPERVISOR of any legal or insurance claims or actions filed against SUPERVISEE by clients and/or patients whose care is discussed during supervision.

10. SUPERVISOR will provide one hour of individual or group supervision, by phone/in person/Skype, to SUPERVISEE for every 120 hours sessions with eating disorder clients/patients not to exceed once a month other than by specific request. Additionally, these sessions are only for SUPERVISEE's clients/patients who have a diagnosis, using the currently accepted version of the Diagnostic and Statistical Manual of Mental Disorders, of anorexia nervosa (any subtype), bulimia nervosa (any subtype), binge eating disorder, ARFID, other specified or unspecified feeding or eating disorder, or any childhood eating disorder or syndrome, or any client being assessed for the possibility of such diagnoses.

11. SUPERVISOR agrees to notify iaedp at any time requested by SUPERVISEE of the number of hours of supervision provided, along with any quantitative or qualitative criteria established by iaedp related to supervision content.

12. This LOA shall become effective on the last date of signature (the "Effective Date") and shall continue for a term of two (2) year. This LOA may be amended at any time by written agreement of both parties, or terminated at any time by written notification from either party to the other.

13. SUPERVISEE agrees to pay for SUPERVISOR. services an hourly rate of (\$...) for individual supervision services provided by SUPERVISOR and an hourly rate of (\$...) for group supervision services provided by SUPERVISOR. In the event SUPERVISEE does not appear for a previously agreed upon date/time and there was no attempt in writing to cancel or reschedule, these charges still apply.

IN WITNESS WHEREOF, the parties or their duly authorized representative executed this LOA on the last date of signature set forth below.

SUPERVISEE

Print Name _____

Signature/Date: _____

SUPERVISOR

Print Name _____

Signature/Date _____