



Letter of Agreement

This Letter of Agreement is between (iaedp™ Supervisor name and Credentials) referred to as “iaedp™ SUPERVISOR”, and (iaedp™ Supervisee Name and Credentials) referred to as “iaedp™ SUPERVISEE”.

The terms of this agreement are as follows:

1. iaedp™ SUPERVISOR agrees to provide specialized consultation services to iaedp™ SUPERVISEE. This consultation is not intended for professional licensure and is intended to provide expert and professional education and advice regarding the treatment of eating disorders for the iaedp™ 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™). iaedp™ SUPERVISOR shall also mentor the iaedp™ SUPERVISEE through the certification application process but shall hold no responsibility in the outcome of the application.
2. iaedp™ SUPERVISOR verifies that she/he is an Approved Supervisor granted by iaedp™ to provide supervision and will maintain status as an Approved Supervisor; should her/his status change in any way, she/he will notify iaedp™ SUPERVISEE and facilitate placement of another approved iaedp™ SUPERVISOR.
3. Due to the role as specialized consultant, this iaedp™ 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 iaedp™ SUPERVISEE provides clinical services. As a specialized consultant, no PHI or other identifying client information shall be disclosed, and consultation will be done in a case consult format.
4. iaedp™ SUPERVISEE verifies that she/he maintains licensure or registration for the state they are providing clinical services and the hours of work experience covered by this LOA is indeed for specialized services provided to those who have diagnosable eating disorders. If such licensure lapses or is revoked or suspended for any reason the iaedp™ SUPERVISEE agrees to notify the iaedp™ SUPERVISOR immediately as the work experience from that point on will be invalid until reinstated.
5. iaedp™ SUPERVISEE accepts and retains all professional and legal liability for all clinical services provided to the clients during the hours of work experience covered by this LOA and iaedp™ SUPERVISEE asserts that they have a current and active professional liability insurance in place.
6. iaedp™ SUPERVISOR agrees to conduct all consultation sessions in accordance with the professional and ethical practices of iaedp™ and agrees to maintain record of each session that occurs with iaedp™ SUPERVISEE. iaedp™ SUPERVISEE agrees to keep a log of all work experience for which the consultation covers broken down into Direct and Indirect work experiences and shares the log upon request of the iaedp™ SUPERVISOR.

7. iaedp™ SUPERVISOR agrees to provide 45-50 minutes of individual or group supervision, by phone/in person/video platform, to iaedp™ SUPERVISEE for a minimum of every month or 80 hours of work experience with eating disorders clients.

8. iaedp™ SUPERVISOR agrees to provide Verification of Supervision and Work Experience to iaedp™ through Certemy including the date range of the consultation services, number of hours and type of consultation provided, verification of work experience during that time along with evaluation of the iaedp™ SUPERVISEE and recommendation for the CEDS designation. iaedp™ SUPERVISOR agrees to alert the iaedp™ SUPERVISEE at the time any concerns of competence arise or circumstances that might influence a **do not recommend** evaluation.

9. This LOA goes into effect on the date indicated and signed below by both parties. 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.

10. iaedp™ SUPERVISEE agrees to pay iaedp™ SUPERVISOR (Your Rate Here) per hour of individual supervision, (Your Rate Here) per hour of group supervision due when services are rendered. In the event iaedp™ 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.

Signed, this _____ day of _____, 20_____, by

(iaedp™ Supervisor Name and Credentials)

Address and contact information.

and

(iaedp™ Supervisee Name and Credentials)

Address and contact information