

SOCIAL WORK DEVELOPMENT CENTER, LLC.

JERLINE BALTIMORE, LCSW-QS
OFFICE CELL: 305-209-3226
EMAIL: jerlinebaltimore@gmail.com

Social Work Supervision Agreement

This agreement between Jerline Baltimore, LCSW-QS (supervisor) and _____ (supervisee) document their intent to enter a formal professional relationship guided by these terms and conditions.

PLEASE READ: In accordance with Florida Statutes 64B4-2.002, supervision is the relationship between the qualified supervisor and intern that promotes the development of responsibility, skills, knowledge, attitudes and adherence to ethical, legal and regulatory standards in the practice of clinical social work.

Supervision is contact between an intern and a supervisor during which the intern appraises the supervisor of the diagnosis and treatment of each client, client cases are discussed, the supervisor provides the intern with oversight and guidance in diagnosing, treating and dealing with clients, and the supervisor evaluates the intern's performance.

1. Both supervisor and supervisee will comply with all laws and regulations regarding supervision and the practice of social work in accordance to Florida Statute 491.
2. Both supervisor and supervisee will adhere to the NASW Code of Ethics.
3. Group supervision will take place once a month (if available). Group must consist of no more than one supervisor and six supervisees. If not available, individual sessions will take place.

Note: *[In accordance with FAC Rule: 64B4-2.002 each hour of group supervision must alternate with an hour of individual supervision.]*

4. Supervision shall take place via telecommunications methods. When practical, missed supervision time will be rescheduled promptly.
5. The supervisee will:
 - a. Notify their workplace supervisor of their clinical social work supervision with Jerline Baltimore, LCSW-QS.
 - b. Provide supervisor Jerline Baltimore, LCSW-QS with a job description and agency policies related to social work.
 - c. Come to each session prepared to present cases and provide feedback for discussion. Professional and ethical conduct expected.
 - d. Not disclose the identity or identifying information about clients.
 - e. Alert their workplace supervisor and Jerline Baltimore, LCSW-QS if they feel a client is at-risk and/or danger to themselves or others.
 - f. Payment is due before each supervision session. Prices are subject to change with notice.
 - g. Document in a log each supervision session.
 - h. Practice within the Florida Laws and Florida Board Regulations as defined in Chapter 491.

6. The supervisor will:

- a. Qualify as a Board approved LCSW or LCSW-QS in Florida and maintain this designation for the duration of the supervision.
- b. Conduct supervision with a focus on the raw data from the supervisee's clinical work.
- c. Provide supervision according to the standards outlines in Florida Department of Health Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling and Regulations governing the Practice of Social Work
- d. Conduct supervision according to NASW Code of Ethics
- e. Offer supervisee advice, support, consultation, and challenge to enable the supervisee to reflect on the issues affecting the supervisee's practice.

7. Duration and Termination of Clinical Supervision can happen at any time if either party is dissatisfied with this arrangement for any reason or need to end supervision for any reason, this agreement will expire after a thirty (30) day notice is provided by the party requesting that the service end.

This is an agreement for clinical supervision between the parties mentioned above and below. This agreement is subject to revision at any time by mutual agreement of all parties. This agreement may be revoked by any party by giving written notice to the others. It shall remain in effect from the date signed below until it is revised or revoked.

Jerline Baltimore

Supervisor Signature, License# SW15185

Supervisee Signature

Date: _____

Agency Supervisor Signature (if applicable)

Date: _____

EMAIL TEMPLATE

(IF APPLICABLE) Please email your work supervisor the following information below:

This email is to inform you that as of [START DATE], I began LCSW supervision with Jerline Baltimore, LCSW-QS. She is CC'd on this correspondence and can be reached at jerlinebaltimore@gmail.com .

Best, [YOUR NAME], RCSWI

Be sure to copy jerlinebaltimore@gmail.com on the email above for my records.

COPY OF SIGNED CONTRACT DISTRIBUTED TO ALL PARTIES INVOLVED

SOCIAL WORK DEVELOPMENT CENTER, LLC.

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Supervisee Intake Form

Supervisee Information

Full Name: _____
Last First M.I.

Address: _____
Street Address

City State ZIP Code

Phone: _____ Email _____

Are you already a registered intern? YES NO

If yes, provide registration number:

Do you receive supervision from another professional? YES NO

If yes, describe the functioning of that relationship to the one you propose to have with me:

What are your goals for supervision currently?

What areas in your skills as a social worker or psychotherapist you would like to improve?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

DISCLOSURE STATEMENT FOR CLINICAL AND CONSULTING SUPERVISION

Thank you for considering me as your clinical supervisor. This professional disclosure statement is designed to acquaint you with my qualifications as a supervisor, to provide an overview of the supervision process, and to inform you of several administrative details.

I hold a master's degree in Clinical Social Work from Florida International University (2013). Details on my professional experience is available on: <http://www.linkedin.com/in/jerlinebaltimore/>. I am licensed with the state of Florida as a Licensed Clinical Social Worker (No. SW15185).

I am certified as an approved clinical supervisor by the Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling, and am on the Florida supervisory registry.

Clinical supervision is a process whereby one person is designated to facilitate the professional development and therapeutic competence of another person or persons. I have chosen to conduct my supervision using a model that employs three roles: teacher, psychotherapist, and consultant. Most often I use the teacher and consultant roles. The psychotherapist role is used at those times when the supervisee's thoughts or feelings or behaviors are stimulated by the client and interfere with the efficacious treatment effort. Any comments, however, will be limited to specific case-related issues as ethically I cannot provide therapy for you as part of our effort.

I will provide you with the best supervision I can muster. Our relationship will be professional in nature and built upon mutual respect and trust. My supervision will be consistent with the ethical standards set forth by the National Association of Social Workers and the Florida Board of Mental Health. Although the focus of supervision will be on you and your professional development as a psychotherapist, the primary concern will be client care. I am unable to guarantee any specific results regarding your learning goals but agree to work with you to achieve the best possible results.

As a supervisee, you are in control of the relationship and may end the supervision at any time, and I will be supportive of your decision.

If you are submitting these hours of clinical supervision for your professional license, you are responsible to keep track of the number of hours, how many you need of individual or group.

You may request that I provide information to others, and I will do so after you have signed a release statement.

Fees: My fee is a sliding scale from \$50-\$60 per individual supervision hour. This does not include a processing/convenience fee of \$2.00. The fee is due at the beginning of each session. Cash, checks, credit cards are acceptable for payment. A receipt of payment will be rendered after every payment. Please retain these with your records. Please note fees are subject to change with notice.

Cancellations: If canceling an appointment, you are agreeing to reschedule in that same week or to still be charged the fee. No charge for being sick/out of town an entire week.

Frequency: Meetings are held on a weekly basis, once a week.

Contact Information: My office hours are Monday thru Friday, 9am – 12pm and 6pm to 8pm. Appointments on other days may not be readily available. If you need to reach me, please email at jerlinebaltimore@gmail.com

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Important Limitations of Confidentiality: All information you share with me about your clients or yourself, including any records I may keep, will be kept confidential and will not be shared with others without your written permission. There are several important exceptions that pertain to the release of confidential information. We are both required to break confidentiality under the following circumstances:

- Any threats to harm self or others
- Reasonable suspicion of the abuse of a child, elder, or an incapacitated person
- When ordered by the court or a national security agency.
- In defense against a legal action or formal complaint made before a court or regulatory board
- When you sign a request that I provide information to others

Please sign and date this form indicating that you understand and accept the policies cited in the above disclosure statement.

Print Name	Signature	Date
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