

**IOWA BOARD OF BEHAVIORAL SCIENCE**  
**Iowa Department of Public Health/Bureau of Professional Licensure**  
**Lucas State Office Bldg., 5<sup>th</sup> Floor**  
**321 E. 12<sup>th</sup> Street**  
**Des Moines, Iowa 50319-0075**

**SUPERVISION PLAN**

To be submitted prior to starting supervision

•SUPERVISEE/LICENSEE INFORMATION•

**Supervisee's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street address City State Zip Code

**Daytime Telephone:** ( ) \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Agency/Institution of supervised professional practice:** \_\_\_\_\_

•SUPERVISOR INFORMATION•

**Supervisor's Name:** \_\_\_\_\_ **License #:** \_\_\_\_\_  
(If you are not licensed in Iowa, please provide a verification of licensure.)

**Date of permanent/independent licensure:** \_\_\_\_\_

**Supervisor's mailing address:** \_\_\_\_\_  
Street address City State Zip Code

**Supervisor's daytime phone:** ( ) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Estimated dates of supervision:** \_\_\_\_\_ to \_\_\_\_\_  
(Include month/day/year – Minimum of two years required for licensure)

**Frequency of Supervision:** \_\_\_\_\_  
(weekly, bi-weekly, monthly)

**Estimated hours of supervision:** Individual \_\_\_\_\_ Group: \_\_\_\_\_

**Methodology of secure transmission of case transmission:**

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Goals and Objectives of Supervised Practice:

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### **Administrative Rules**

645—31.5(154D) Clinical experience requirements for marital and family therapists.

31.5(1) The supervised clinical experience shall:

- a. Be a minimum of two years or the equivalent of full-time, postgraduate supervised professional work experience in marital and family therapy.
- b. Be completed following completion of the practicum, internship, and all graduate coursework, with the exception of the thesis.
- c. Include successful completion of at least 3,000 hours of marital and family therapy that shall include at least 1,500 hours of direct client contact and 200 hours of clinical supervision. Applicants who entered a program of study prior to July 1, 2010, shall include successful completion of 200 hours of clinical supervision concurrent with 1,000 hours of marital and family therapy conducted in person with couples, families and individuals.
- d. Include a minimum of 25 percent of all clinical supervision in person. (1) The first two meetings shall be face-to-face and in person. (2) Up to 50 percent of all supervision may be completed by telephone. (3) Up to 75 percent of all supervision may be completed by electronic means. (4) Supervision by electronic means is acceptable if the system utilized is a confidential, interactive, secure, real-time system that provides for visual and audio interaction between the licensee and the supervisor.
- e. Include in the 200 hours of clinical supervision at least 100 hours of individual supervision.
- f. Follow and maintain a plan throughout the supervisory period established by the supervisor and the licensee. Such a plan must be kept by the licensee for a period of five years following receipt of the permanent license and must be submitted to the board upon request. The plan for supervision shall include:
  - (1) The name, license number, date of licensure, address, telephone number, and e-mail address (when available) of the supervisor;
  - (2) The name, license number, address, telephone number, and e-mail address (when available) of supervisee;
  - (3) Employment setting in which experience will occur;
  - (4) The nature, duration and frequency of supervision;
  - (5) The number of hours of supervision per month;
  - (6) The supervisor/licensees type (individual/group) and mode (face-to-face/electronic) of supervision;
  - (7) The methodology for secure transmission of case information;
  - (8) The beginning date of supervised professional practice and estimated date of completion;
  - (9) The goals and objectives for the supervised professional practice; and
  - (10) The signatures of the supervisor and licensee, and the dates of signatures.

g. Have only supervised clinical contact credited for this requirement. 31.5(2) To meet the requirements of the supervised clinical experience:

a. The supervisee must: (1) Meet with the supervisor for a minimum of four hours per month; (2) Offer documentation of supervised hours signed by the supervisor; (3) Compute part-time employment on a prorated basis for the supervised professional experience; (4) Have the background, training, and experience that is appropriate to the functions performed; (5) Have supervision that is clearly distinguishable from personal psychotherapy and is contracted in order to serve professional/vocational goals; (6) Have individual supervision that shall be in person with no more than one supervisor to two supervisees; (7) Have group supervision that may be completed with up to ten supervisees and a supervisor; and (8) Not participate in the following activities which are deemed unacceptable for clinical supervision: 1. Peer supervision, i.e., supervision by a person of equivalent, but not superior, qualifications, status, and experience. 2. Supervision, by current or former family members, or any other person, in which the nature of the personal relationship prevents, or makes difficult, the establishment of a professional relationship. 3. Administrative supervision, e.g., clinical practice performed under administrative rather than clinical supervision of an institutional director or executive. 4. A primarily didactic process wherein techniques or procedures are taught in a group setting, classroom, workshop, or seminar. 5. Consultation, staff development, or orientation to a field or program, or role-playing of family interrelationships as a substitute for current clinical practice in an appropriate clinical situation. b. The supervisor shall: (1) Be an Iowa-licensed marital and family therapist with a minimum of three years of clinical experience following licensure; or (2) Be a supervisor or supervisor candidate approved by the American Association for Marriage and Family Therapy Commission on Supervision; or (3) Be licensed under Iowa Code chapter 147 and have a minimum of three years of full-time professional work experience, including experience in marital and family therapy, as approved by the board; and (4) Meet a minimum of four hours per month with the supervisee; and (5) Provide training that is appropriate to the functions to be performed; and (6) Ensure that therapeutic work is completed under the professional supervision of a supervisor; and (7) Not supervise any marital and family therapy or permit the supervisee to engage in any therapy which the supervisor cannot perform competently. c. Effective October 1, 2020, the supervisor shall: Ch 31, p.6 Professional Licensure[645] IAC 12/7/16 (1) Be an Iowa-licensed marital and family therapist with a minimum of three years of clinical experience following licensure or shall be a supervisor or supervisor candidate approved by the American Association for Marriage and Family Therapy Commission on Supervision; or (2) Be an Iowa-licensed mental health counselor in Iowa with at least three years of clinical experience following licensure or shall be approved by the National Board for Certified Counselors (NBCC) as a supervisor; and (3) Have completed at least a six-hour continuing education course in counseling supervision or one master's level course in counseling supervision; and (4) Meet a minimum of four hours per month with the supervisee; and (5) Provide training that is appropriate to the functions to be performed; and (6) Ensure that therapeutic work is completed under the professional supervision of a supervisor; and (7) Not supervise any marital and family therapy or permit the supervisee to engage in any therapy that the supervisor cannot perform competently. d. Exceptions to paragraph 31.5(2)“c” shall be made on an individual basis. Requests for alternative supervisors must be submitted in writing, and the board must approve the supervisor prior to commencement of the supervision. 31.5(3) An applicant who has obtained American Association for Marriage and Family Therapy (AAMFT) clinical membership is considered to have met the clinical experience requirements of rule 645—31.5(154D). The applicant shall request that proof of current clinical membership be sent directly from AAMFT to the board

645—31.7(154D) Clinical experience requirements for mental health counselors.

31.7(1) The supervised clinical experience shall:

- a. Be a minimum of two years or the equivalent of full-time, postgraduate supervised professional work experience in mental health counseling.
- b. Be completed following completion of the practicum, internship, and all graduate coursework, with the exception of the thesis.
- c. Include successful completion of at least 3,000 hours of mental health counseling that shall include at least 1,500 hours of direct client contact and 200 hours of clinical supervision. Applicants who entered a program of study prior to July 1, 2010, shall include successful completion of 200 hours of clinical supervision concurrent with 1,000 hours of mental health counseling conducted in person with couples, families and individuals.
- d. Include a minimum of 25 percent of all clinical supervision in person.
  - (1) The first two meetings shall be face-to-face and in person.
  - (2) Up to 50 percent of all supervision may be completed by telephone.
  - (3) Up to 75 percent of all supervision may be completed by electronic means.
  - (4) Supervision by electronic means is acceptable if the system utilized is a confidential, interactive, secure, real-time system that provides for visual and audio interaction between the licensee and the supervisor.
- e. Include in the 200 hours of clinical supervision at least 100 hours of individual supervision.
- f. Follow and maintain a plan throughout the supervisory period established by the supervisor and the licensee. Such a plan must be kept by the licensee for a period of five years following receipt of the permanent license and must be submitted to the board upon request. The plan for supervision shall include:
  - (1) The name, license number, date of licensure, address, telephone number, and e-mail address (when available) of the supervisor;
  - (2) The name, license number, address, telephone number, and e-mail address (when available) of supervisee;
  - (3) Employment setting in which experience will occur;
  - (4) The nature, duration and frequency of supervision;
  - (5) The number of hours of supervision per month;
  - (6) The supervisor/licensee's type (individual/group) and mode (face-to-face/electronic) of supervision;
  - (7) The methodology for secure transmission of case information;
  - (8) The beginning date of supervised professional practice and estimated date of completion;
  - (9) The goals and objectives for the supervised professional practice; and
  - (10) The signatures of the supervisor and licensee, and the dates of signatures.
- g. Have only supervised clinical contact credited for this requirement. 31.7(2) To meet the requirements of the supervised clinical experience:
  - a. The supervisee must:
    - (1) Meet with the supervisor a minimum of four hours per month;
    - (2) Offer documentation of supervised hours signed by the supervisor;
    - (3) Compute part-time employment on a prorated basis for the supervised professional experience;
    - (4) Have the background, training, and experience that are appropriate to the functions performed;
    - (5) Have supervision that is clearly distinguishable from personal counseling and is contracted in order to serve professional/vocational goals;
    - (6) Have individual supervision that shall be in person with no more than one supervisor to two supervisees;
    - (7) Have group supervision that may be completed with up to ten supervisees and a supervisor; and
    - (8) Not participate in the following activities which are deemed unacceptable for clinical supervision:
      1. Peer supervision, i.e., supervision by a person of equivalent, but not superior, qualifications, status, and experience.
      2. Supervision, by current or former family members, or any other person, in which the nature of the personal relationship prevents, or makes difficult, the establishment of a professional relationship.
      3. Administrative supervision, e.g., clinical practice performed under administrative rather than clinical supervision of an institutional director or executive.

4. A primarily didactic process wherein techniques or procedures are taught in a group setting, classroom, workshop, or seminar.

5. Consultation, staff development, or orientation to a field or program, or role-playing of family interrelationships as a substitute for current clinical practice in an appropriate clinical situation.

b. The supervisor:

(1) May be a licensed mental health counselor in Iowa with at least three years of postlicensure clinical experience; or

(2) Shall be approved by the National Board for Certified Counselors (NBCC) as a supervisor; or

(3) May be an alternate supervisor who possesses qualifications equivalent to a licensed mental health counselor with at least three years of postlicensure clinical experience, including mental health professionals licensed to practice independently; and

(4) Shall meet a minimum of four hours per month with the supervisee; and

(5) Shall provide training that is appropriate to the functions to be performed; and

(6) Shall ensure that therapeutic work is done under the professional supervision of a supervisor; and

(7) Shall not supervise any mental health counselor or permit the supervisee to engage in any therapy which the supervisor cannot perform competently.

c. Effective October 1, 2020, the supervisor shall:

(1) Be an Iowa-licensed mental health counselor in Iowa with at least three years of clinical experience following licensure or shall be approved by the National Board for Certified Counselors (NBCC) as a supervisor; or

(2) Be an Iowa-licensed marital and family therapist with a minimum of three years of clinical experience following licensure or shall be a supervisor or supervisor candidate approved by the American Association for Marriage and Family Therapy Commission on Supervision; and

(3) Have completed at least a six-hour continuing education course in counseling supervision or one master's level course in counseling supervision; and

(4) Meet a minimum of four hours per month with the supervisee; and

(5) Provide training that is appropriate to the functions to be performed; and

(6) Ensure that therapeutic work is completed under the professional supervision of a supervisor; and

(7) Not supervise any mental health counselor or permit the supervisee to engage in any therapy that the supervisor cannot perform competently.

d. Exceptions to paragraph 31.7(2)“c” shall be made on an individual basis. Requests for alternative supervisors must be submitted in writing, and the board must approve the supervisor prior to commencement of the supervision.

31.7(3) Rescinded IAB 7/6/05, effective 8/10/05.

31.7(4) An applicant who has obtained Certified Clinical Mental Health Counselor status with the National Board for Certified Counselors (NBCC) is considered to have met the clinical experience requirements of rule 645—31.7(154D). The applicant shall ensure that proof of current certified clinical mental health counselor status be sent directly from NBCC to the board

I, \_\_\_\_\_, agree to supervise the undersigned applicant for licensure in those  
(name of supervisor)  
services to be provided in clinical practice. I will abide by the Board's administrative rules and Iowa code. I certify that I meet the requirements to provide supervision. I understand that upon completion of the supervision, I will be asked to complete a supervision report. I do certify that my license is current and in good standing and will be maintained throughout the supervisory period.

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_, understand that this supervision is to be in clinical services and I will abide  
(name of supervisee)  
by the Board's administrative rules and Iowa code. I understand that if supervision is terminated with one supervisor, a new supervision plan must be completed. Furthermore, I do certify that my license is current and in good standing and will be maintained throughout the supervisory period.

**Signature of Supervisee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I certify** that I have read and understand the rules regarding supervised professional practice, and that the practice detailed herewith meets the requirements found in those rules. I also certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare, under penalty of perjury, that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the supervised professional practice. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22, and that application information is public information, subject to the exceptions contained in Iowa law. Finally, in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisee

\_\_\_\_\_  
Date