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# Jennifer Allen Norton, M.A., LPC-S

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<http://www.counselthis.com>

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## LPC SUPERVISION CONTRACT

I, \_\_\_\_\_, do enter into an agreement for clinical supervision toward my Licensed Professional Counselor licensing requirements with Jennifer Allen Norton, M.A., LPC-S. Supervision will begin on \_\_\_\_\_ (date) and end when the necessary number of hours have been accumulated or either party gives notice in writing to terminate this agreement. I will serve as a therapist for clients being served through the following agency and/or practice situation(s):

**NAME OF AGENCY/ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**NAME OF IMMEDIATE CLINICAL RESOURCE and/or AGENCY SUPERVISORS:**

\_\_\_\_\_  
**PHONE NUMBERS OF ABOVE:** \_\_\_\_\_

**NAME OF AGENCY/ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**NAME OF IMMEDIATE CLINICAL RESOURCE and/or AGENCY SUPERVISORS:**

\_\_\_\_\_  
**PHONE NUMBERS OF ABOVE:** \_\_\_\_\_

**NAME OF AGENCY/ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**NAME OF IMMEDIATE CLINICAL RESOURCE and/or AGENCY SUPERVISORS:**

\_\_\_\_\_  
**PHONE NUMBERS OF ABOVE:** \_\_\_\_\_

# Agreement Of The Intern

I have obtained a temporary license with the Texas State Board of Examiners of Professional Counselors. (copy attached)

I have obtained and will maintain in force and good standing, Professional Liability Insurance with coverage of at least \$1,000,000. (copy attached)

I have read and understand the Code of Ethics as stated in the Administrative Code for the Texas State Board of Examiners of Professional Counselors.

I will notify Jennifer Allen Norton, M.A., LPC-S of any other supervision agreements I have entered into, am currently in, or enter into in the future, as long as this agreement stands. (copy attached)

I understand that no payment for services will be made directly to me by a client as per the rules of the Texas State Board of Examiners of Professional Counselors. All payment will be made to Jennifer Allen Norton, M.A., LPC-S.

I understand that if my counseling skills or competence come into question at any time during my supervision experience with Jennifer Allen Norton, M.A., LPC-S, we will develop and implement a written plan for remediation and work that plan together.

I understand that I cannot complete my 3000 hours of supervised experience in less than an 18 month period.

I am carrying forward \_\_\_\_\_ hours of my academic internship or practicum experience as determined by the Texas State Board of Examiners of Professional Counselors. (Board approval attached. These hours are in excess of the 300 hour practicum as required in the Academic Requirements section of the LPC Board Rules and do not exceed 400 hours).

I will complete 1500 hours of direct client care as per the requirements for my license as a Professional Counselor. The experience must consist primarily of the provision of direct counseling services within a professional relationship to individuals, couples, families, or groups by using a combination of appropriate, authorized counseling methods, techniques, and modalities (as defined by board rules), to achieve the mental, emotional, physical, social, moral, educational, spiritual, or career-related development and adjustment of the client through the life span.

I will complete 1500 hours of indirect client services also as per the requirements for my license as a Professional Counselor.

I will attend an average of 1 hour of face-to-face supervision per week for the duration of the supervision period.

I will be responsible for a supervision fee of \$\_\_\_\_\_ per week payable to Jennifer Allen Norton, M.A., LPC-S.

I understand that periodic audio and/or visual recordings or transcriptions may be used to present for the supervisor's review and/or supervision discussion, or may be required by the supervisor for evaluation.

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**THERAPIST SIGNATURE**

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**DATE**

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**JENNIFER ALLEN NORTON**

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**DATE**

## **AGREEMENT OF THE SUPERVISOR**

I acknowledge that I am a Licensed Professional Counselor and Board approved LPC-Supervisor in good standing.

I understand that I will maintain and sign a record to document the date of each supervision session including the intern's total number of direct and indirect supervised experience.

I acknowledge that I am not in the employ of nor am I related to the LPC Intern.

I understand that my role as a supervisor includes an evaluative component in serving as a gatekeeper for the counseling profession.

I understand that the full professional responsibility (*respondeat superior*) for the counseling activities of the intern rest with me.

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**THERAPIST SIGNATURE**

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**DATE**

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**JENNIFER ALLEN NORTON**

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**DATE**