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Tiffany Smith Counseling, Inc.

2901 Corporate Circle
Flower Mound, Texas 75028
214-405-4030

Licensing Supervision Agreement

1. I agree to enter into Supervision with Tiffany N. Smith, MS, LPC-S, LMFT-S, NCC.
2. I understand that weekly Supervision is mandatory by the State Board of Texas and any Supervision appointments missed will be my responsibility to reschedule.
3. I understand it is my responsibility to follow all Ethical Rules and Regulations set forth by the State Board of Texas and I agree to uphold those standards of good practice.
4. I understand that should I not operate under good standards of practice my Supervisor may terminate our relationship and report this to the Board.
5. I agree to be in communication with my Supervisor at all times regarding any questions or concerns I have during my Internship.
6. I agree to contact my Supervisor during emergency situations to ensure that a collaborative plan is in place and I am following best standards of practice.
7. I agree to the terms of payment for my Supervision but understand I am not an employee of Tiffany N. Smith.
8. I understand should I no longer be able to pay for Supervision services I must contact my Supervisor immediately.
9. I understand that I may sign up to volunteer for the Flower Mound Counseling Family Therapy Financial Assistance Program to offset my cost of Supervision.

Group Supervision (3+)= \$45.00 per session
Individual Supervision (2)= \$60.00 per session
Individual Supervision (1)=\$90.00 per session
FMC Family Therapy Volunteer= 6 sessions per week

Therapist Intern

Date