MFT SUPERVISED FIELD PLACEMENT AGREEMENT

This MFT Supervised Fieldwork Agreement is entered into among the following parties:

SAINT MARY’S COLLEGE OF CALIFORNIA ("SAINT MARY’S")
__________________________________________ ("SUPERVISING ENTITY")
__________________________________________ ("SUPERVISOR")
__________________________________________ ("TRAINEE")

RECITALS

A. SAINT MARY’S conducts a master’s degree program in marriage and family counseling designed to prepare students to become licensed marriage family and family therapist ("MFTs"). As part of its program, SAINT MARY’S is required to provide its students with supervised fieldwork experience that meets the applicable requirements in California law (Cal. Bus. & Prof. Code §4980.37 et. seq.; 16 C.C.R. §1831 et seq).

B. The SUPERVISING ENTITY is a governmental entity____ educational institution____ nonprofit, charitable corporation____ licensed health facility____ that has the capacity to provide supervised fieldwork experience for MFT students within the requirements of California law.

C. The SUPERVISOR is a licensed MFT____ psychologist____ clinical
social worker—physician certified in psychiatry—who provides services on the premises of the SUPERVISING ENTITY and is qualified to furnish the supervision required under California law.

D. The TRAINEE is currently enrolled as a student in SAINT MARY’S masters’ degree program for MFTs. The TRAINEE requires supervised fieldwork experience in order to complete the program.

AGREEMENTS

1. Responsibilities of SAINT MARY’S

Under this Agreement, SAINT MARY’S shall perform the following functions:

a. Approve the SUPERVISING ENTITY for the TRAINEE.

b. Give this Agreement to the SUPERVISING ENTITY, SUPERVISOR, and TRAINEE detailing each party’s responsibility.

c. Coordinate the terms of this Agreement with the SUPERVISING ENTITY, SUPERVISOR, and TRAINEE.

d. Provide forms to the SUPERVISING ENTITY, SUPERVISOR, and TRAINEE that they are required to complete under this Agreement or under any applicable law or standard.

e. Evaluate the propriety of the supervised fieldwork experience provided for the TRAINEE in terms of the educational objectives of its MFT program.

2. Responsibilities of the SUPERVISING ENTITY.
Under this Agreement, the SUPERVISING ENTITY shall perform the following functions:

a. Provide the TRAINEE, as either a paid employee or an unpaid volunteer, with a minimum of ________(___) hours per week of fieldwork experience, under the supervision of the SUPERVISOR, within the scope of practice of a MFT. Such experience shall be in applied psychotherapeutic techniques and assessment, diagnosis, prognosis, and treatment of pre-marital, couple, family, and child relationships, including dysfunctions, healthy functioning, health promotion, and illness prevention.

b. Provide SAINT MARY’S with accurate information through the “Summary Sheet” (attached as Appendix A) and the “Field Placement Application” to be completed one time only by SUPERVISING ENTITY to verify to the California Board of Behavioral Science Examiners that the placement meets all legal requirements, that the TRAINEE is used in the manner required by law, and that the duties performed by the TRAINEE are within the scope of practice of a MFT.

c. Evaluate in an appropriate manner the credentials and qualifications of the SUPERVISOR and any employee who otherwise provides supervision to the TRAINEE.

d. Orient the TRAINEE and the SUPERVISOR to its policies and practices.

e. Provide adequate resources to the TRAINEE and the
SUPERVISOR to allow them to provide clinically appropriate services to clients.

f. Notify SAINT MARY’S in a timely manner of any difficulties in the work performance of the TRAINEE.

g. Provide the TRAINEE and the SUPERVISOR with an emergency response plan that ensures the safety and security of the TRAINEE, the SUPERVISOR, and their clients.

3. Responsibilities of the SUPERVISOR.

Under this Agreement, the SUPERVISOR shall perform the following functions:

a. Provide supervision of the TRAINEE’s fieldwork experience at the SUPERVISING ENTITY in accordance with all laws and standards governing MFTs, and in accordance with the “Field Placement Application” (attached as Appendix B). The SUPERVISOR shall monitor the quality of the TRAINEE’s work through: direct observation____ video recording____ audio recording____ case presentation____ review of process and progress notes____ oral trainee report____ role playing____ other _________.

b. Sign and abide by the “Responsibility Statement for Supervisors for the MFT License”.

c. Provide SAINT MARY’S with a current copy of his or her license, resume, certification of completion of a 6-unit supervision course, and immediately notify SAINT MARY’S and the TRAINEE of any action that may affect licensure.
d. Provide SAINT MARY’S with regular progress reports and provide SAINT MARY’s with an evaluation each quarter _____ semester____ other__________ of the TRAINEE’S performance in the supervised fieldwork setting.

e. Review and sign the TRAINEE’s “Weekly Summary of Hours of Experience” log on a weekly basis.

f. Review and sign the “Experience Verification” form.

g. Abide by the ethical standards for supervisors promulgated by the American Association of Marriage and Family Therapy and the California Association of Marriage and Family Therapists.

4. Responsibilities of the TRAINEE.

Under this Agreement, the TRAINEE shall perform the following functions:

a. Participate in the fieldwork experience at the SUPERVISING ENTITY under the oversight of the SUPERVISOR.

b. File the “Responsibility Statement for Supervisors of the MFT License” with the California Board of Behavioral Science Examiners within thirty (30) days after commencing the supervised fieldwork at the SUPERVISING ENTITY and provide a copy to SAINT MARY’S.

c. Maintain a “Weekly Summary of Hours of Experience” log, to be reviewed and signed by the SUPERVISOR on a weekly basis.

d. Be responsible, together with the SUPERVISOR, for
providing complete and accurate documentation to the California Board of Behavioral Science in order to gain hours of experience toward licensure.

e. Be responsible for learning those policies of the SUPERVISING ENTITY that govern the conduct of regular employees, volunteers, and trainees, and for complying with such policies.

f. Be responsible for participating in the periodic evaluation of his or her work at the SUPERVISING ENTITY and for delivering a written summary to SAINT MARY’S.

g. Be responsible for notifying SAINT MARY’S in a timely manner of any professional or personal difficulties that may affect the performance of professional duties and responsibilities at the SUPERVISING ENTITY.

h. Abide by the ethical standards of the American Association of Marriage and Family Therapy and the California Association of Marriage and Family Therapists.

i. Meet with SAINT MARY’S Faculty Advisor for assessment of the SAINT MARY’S 15 Personal & Professional Competencies.

5. Term.

The term of this Agreement shall commence on _________ 200__, and shall terminate on ________________ 200__.

6. Termination.

a. All parties expect that the TRAINEE will complete the term of this Agreement.

b. SAINT MARY’S may terminate this Agreement with cause in
accordance with its academic policies. The SUPERVISING ENTITY may terminate this Agreement with cause in accordance with its employment or volunteer policies.

c. Any party may terminate this Agreement at any time without cause by giving all other parties thirty (30) days’ notice of its intention to terminate.

d. The ability of the TRAINEE or the SUPERVISOR to terminate this Agreement shall in no way affect his or her ability to terminate any written employment or volunteer arrangement with the SUPERVISING ENTITY. In the event that this Agreement or the TRAINEE’s employment or volunteer arrangement with the SUPERVISING ENTITY is terminated for any reason, the TRAINEE and SUPERVISOR shall act in a clinically appropriate manner with regard to clients and shall effectuate transfer to the care of other appropriate persons.

e. Prior to terminating this Agreement with or without cause, a party to this Agreement shall consult with all other parties.

7. **Amendments.**

This Agreement may be amended at any time with the consent of all the parties. Any such amendment must be in writing and must be signed by each party. This Agreement contains the entire understanding of the parties regarding their rights and duties under it. Any alleged oral representation or modification concerning this Agreement shall be of no force or effect unless contained in a subsequent written modification signed by all parties.

8. **Indemnification.**
The SUPERVISING ENTITY assumes all risk and liability for the acts or omissions of the TRAINEE, and therefore agrees to indemnify, protect, and release SAINT MARY’S and each and every SAINT MARY’S trustee, officer, agent, faculty member, and employee from all liability, losses, injury, damages, claims, suits, and fees, including attorneys’ fees, costs or judgments, which may arise from the TRAINEE’S performance of services while at the SUPERVISING ENTITY. The assumption of risk, liability, and indemnification under this Section 8 shall survive the termination of this Agreement.
9. **Insurance**

a. During the term of this Agreement, the SUPERVISING ENTITY shall maintain in force, at its own expense, a policy or policies of professional liability insurance with minimum limits acceptable to SAINT MARY’S. The SUPERVISING ENTITY shall provide SAINT MARY’S with a certificate from each insurer naming SAINT MARY’S as an additional insured and stating that the policy cannot be reduced in limits or coverage and cannot be cancelled or revoked without at least ten (10) days’ prior written notice to SAINT MARY’S.

b. During the term of this Agreement, the SUPERVISING ENTITY shall maintain in force, at its own expense, workers’ compensation insurance in a form acceptable to SAINT MARY’S covering the TRAINEE while performing services on behalf of the SUPERVISING ENTITY.

**SAINT MARY’S COLLEGE OF CALIFORNIA**

By: _______________________________  Date: ________________________

**SUPERVISING ENTITY**

By: _______________________________  Date: ________________________

**SUPERVISOR**

By: _______________________________  Date: ________________________

**TRAINEE**

By: _______________________________  Date: ________________________
APPENDIX A

SUMMARY SHEET

TRAINEE

Name: ________________________________

Address: ________________________________

City: ________________________________

Phone: (Home) ______________________ (Cell) ______________________

E-mail: ________________________________

Social Security #: ________________________________

Program Units Completed: ________________________________

SUPERVISOR

Name: ________________________________

Address: ________________________________

City: ________________________________ State: __________________

Phone: (Home) ______________________ (Cell) ______________________

Social Security #: ________________________________

Liability Insurer: ________________________________

Type of License: ________________________________

MET Clinical Psychologist: ________________________________

LCSW Board Certified Psychiatrist: ________________________________

_____ Appropriate verification has been provided to the TRAINEE and attached to the Field Placement Application submitted to SAINT MARY’S.

TYPE OF WORK SETTING

ON-SITE OFF-SITE

Governmental Entity: ________________________________
School, College or University: ________________________________
Non-profit & Charitable Corporation: ____________________________
Licensed Health Facility: ________________________________

_____ Appropriate verification has been provided and attached to the
Field Placement Application submitted to SAINT MARY’S.
_____ Site visit required.

TYPE OF SUPERVISION

_____ INDIVIDUAL (One per week minimum)
_____ GROUP (8 or fewer participants, 2 hours per week minimum)

METHODS OF SUPERVISION

_____ Direct Observation
_____ Video Recording
_____ Audio Recording
_____ Case Presentation
_____ Process/Progress Note Review
_____ Oral Trainee Report
_____ Role Playing

_____ Other: ____________________________________________

PERIOD OF EVALUATION

_____ Quarter
_____ Semester

_____ Other: ____________________________________________

Today’s Date: ____________________________________________

State: _____ Zip: _____________
Date Units Completed: ________________________________

AAMFT Approved? _______ Date License Issued: ________________

Zip: _______ State Issuing: ________________________________

Expiration Date: ________________________________

Coverage Amount: ________________________________

Expiration Date: ________________________________