



Oregon

Kate Brown, Governor

Board of Psychologist Examiners

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June 15, 2017

NAME

ADDRESS

CITY STATE ZIP CODE

Re: Supervision of Dr. NAME
OBPE Case ##-###

Dear Dr. NAME,

Thank you for agreeing to provide Supervision services for Dr. FULL NAME, Licensee. This letter outlines the guidelines and expectations of the Board for this Supervision.

Financial Arrangements:

It is the expectation of the Board that you will make the necessary financial arrangements directly with Licensee, and that you obtain a signed release to provide reports to the Board. Cost and fees are at the discretion of you and the Licensee.

Supervision Plan:

The Supervision Plan will be developed between you and Licensee in accordance with the following Goals and OBPE NAME OF DOCUMENT dated DATE. As supervisor, you may request further information from the Board if deemed necessary to carry out the supervisory function in this matter. Full cooperation with the supervision plan is an expectation of Licensee, including, but not limited to, provision of information requested by you relative to the Licensee's personal or professional conduct at issue in the disciplinary matter, and any current conduct of Licensee in the provision of psychological services. Parameters should be included in the plan with respect to Licensee's missed appointments.

Supervision Content and Goals:

- To be Completed by Board based on Board's concerns, Licensee's Conduct and Order

Supervision Frequency and Duration:

Face-to-face supervision should begin as soon as possible after receipt of this letter, Frequency, duration and type must follow the minimum requirements in the Order, dated DATE, which calls for supervision at least _____ per week/month for a minimum of _____ years.

If deemed appropriate by you, and once all Board ordered requirements have been met, Licensee may submit a written request to the Board to terminate supervision at the end of the _____ year supervision period. The Board must also receive a written endorsement by you supporting Licensee's request to terminate Disciplinary Supervision and affirm that all goals of supervision have been sufficiently addressed. Alternatively, you may recommend additional supervision if concerns remain or further progress is needed.

Supervision Reports:

The Board has ordered that a progress report on Licensee's practice, to include Licensee's competence and professional ethics, submitted to my attention by email to the Board's address at: Oregon.bpe@state.or.us.

The next Board meeting is DATE; therefore, the first report is due on DATE and reports are to be submitted by the ____ day of the month every three months thereafter. Quarterly reports are required for the duration of the supervision relationship. Submitted reports should follow the enclosed *Quarterly Report* form, specifically detailing Licensee's progress in the supervision content areas mentioned above.

As supervisor, you have the right and responsibility to communicate to the Board if you believe there is a risk to clients or that the supervision is not on track for resolution of outlined goals.

Sincerely,

Charles Hill
Executive Director

Enc. Order - DATE
OBPE Quarterly Report Form

cc: Dr. FULL NAME, Licensee