

## Supervisee Information Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone number(s): (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Home) \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### ***Employment Training Site information***

Place of Practice: \_\_\_\_\_

Type of setting: (agency, private) \_\_\_\_\_

Position title and duties: (or attach a job description) \_\_\_\_\_

\_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Administrative supervisor or employer's name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

If private practice, name of back up counselor or any other person(s) with access to clients / records:

Names and phone number(s): \_\_\_\_\_

\_\_\_\_\_

Name of office partners / practice partners (if any): \_\_\_\_\_

### ***Education Credentials***

Degree: (degree type and academic institution) \_\_\_\_\_

Completion year: \_\_\_\_\_

Credentials / Licenses (license name, date of issue, and whether current): \_\_\_\_\_

Currently working toward additional licenses / certifications? Indicate what supervision is required and who will be providing such supervision: \_\_\_\_\_

Use the back of this form to describe any history of complaints, grievances, or ethical violations, as well as the outcome of each of those situations (both in training programs and through career).

Attach a resume or employment history.

Emergency Contact person (Name and phone numbers) \_\_\_\_\_

\_\_\_\_\_