

Greta Zuck, PhD, LCMHCS, NCC, RPT-S  
Licensed Clinical Mental Health Counselor Supervisor  
National Board Certified Counselor  
Registered Play Therapist Supervisor

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### **Clinical Supervision Agreement**

This document explains the details of our supervisory relationship. Please read it closely and be sure to ask me if you have questions or need further clarification.

#### **The Purpose of Supervision is:**

- Work toward earning licensure as a North Carolina Clinical Mental Health Counselor
- Work toward earning credential as a Registered Play Therapist
- Complete supervision hours as required by a graduate school internship/practicum
- Receive post-licensure peer supervision to build skills or learn new counseling methods (e.g., play therapy methods)

#### **Type:**

Individual supervision     Triadic Supervision     Group supervision

#### **Frequency & Time (weekly, bi-weekly, or monthly):**

Plan is to meet every other week. As client schedule grows to 40 work hours per week, meet weekly per board requirements of 1 supervision hr per 40 worked.

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#### **Place of Supervision:**

5613 Duraleigh Road #161, Raleigh, NC 27612                       Virtual- Webex

#### **Approximate Period/Duration:**

Until licensure is obtained or unless//until there is a change of board approved supervisors \_\_\_\_\_

#### **Methods of Supervision:**

Supervisee will bring case notes, video recordings of a client to sessions.

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#### **Record of Supervision:**

Supervisor will keep a log of all supervision hours, along with a supervision session note which the supervisee will initial after each meeting. All information will be kept in a confidential file under lock and key.

**Needs Assessment & Goals of Supervision include:** *This is not applicable for peer supervision.*

Through use of Hall-Marley's Therapist Evaluation Checklist the following needs have been assessed and goals are agreed upon during the supervisory period:

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**Supervision Fees:**

\_\_\_ \$150.00 per hour for individual

\_\_\_ \$80.00 per hour for small group (2-3 supervisees)

Other: \_\_\_\_\_

Notes/ Other:

Please be sure to read **Professional Disclosure Statement for Clinical Supervision** which explains my credentials and further details the process of supervision.

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**Our signatures acknowledge an understanding and acceptance of this agreement.**

\_\_\_\_\_  
Supervisee

\_\_\_\_\_  
Date

Supervisee - Print Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to reach you? \_\_\_\_\_

Emergency name and contact if I cannot reach you? \_\_\_\_\_

\_\_\_\_\_  
Supervisor  
Greta Zuck, PhD, LCMHCS, NCC, RPT-S

\_\_\_\_\_  
Date