PEER SUPERVISION AGREEMENT

This agreement is made by and between the below parties:

| Peer Information (Please print): | | | |
|----------------------------------|--|--|--|
| | | | |
| Name | | | |
| | | | |
| Email | | | |
| Phone # | | | |

| | Supervisor Information (Please print): |
|---------|---|
| | |
| Name | |
| | |
| Email | |
| | |
| Phone # | |
| | Co- Supervisor Information (if applicable): |
| | |
| Name | |
| | |
| Email | |
| Dhone # | |
| Phone # | |

| Place of Practice | | | | | | |
|-------------------|--|----------------|--|--|--|--|
| Agency Name | | Agency Phone # | | | | |
| Agency Address | | Position Title | | | | |
| | | Hours per week | | | | |

This agreement will begin on ______. This agreement will continue until terminated by either party.

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| | Peer | | Supervisor |
|--|----------|--|------------|
| Peer agrees to: | Initials | Supervisor agrees to: | Initials |
| Review and abide by the PRSS Code of Ethics | | Review SB 69 | |
| Complete all documentation as required | | Provide a minimum of individual supervision biweekly | |
| Meet with supervisor individually biweekly | | Observe supervisee with clients quarterly | |
| Meet with supervisor and other supervisees monthly | | Maintain awareness of the supervisee's client caseload | |
| Document all hours in a way that makes sense for your supervisor and you | | Document all supervision hours with the supervisee | |
| Cease practicing if no longer under supervision | | Refrain from engaging in a close personal relationship or friendship with the supervisee | |
| Other activities as prescribed by supervisor: | | Maintain active status of PRSS-S credential by completing all necessary continuing education credits in a timely manner | |
| | | Be available to consult with the Board about the certified supervisee concerning the emotional/mental stability and the professional and ethical conduct of the certified supervisee | |
| | | Other activities as prescribed by agency: | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | YES | NO |
|--|-----|----|
| Are you employed/contracted at the peer's place of practice with access to client files? | | |
| Have you ever provided treatment services to the peer? | | |
| Number of peers currently under your supervision? | | |

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GENERAL PROVISIONS

As peer, I understand that:

- A supervisor may be asked to share information with the board about their supervisee pending an ethical violation.
- I must attest to 475 work or volunteer hours in any of the IC&RC peer recovery domains and 25 non-clinical supervised hours specific to the IC&RC Domains of Peer Recovery: advocacy, ethical responsibility, mentoring/education, and recovery/wellness support, with at least five (5) hours of experience in each domain.
- Once my required hours are completed, my certified supervisor is required to log these hours prior to me completing the IC&RC Peer Recovery Examination.

| My signature below indicates I have read | and understand this agreemen | it in its entirety. | |
|--|-----------------------------------|--|------------------------|
| Peer Signature | Date | | |
| As a Supervisor, I understand that: | | | |
| I may be subject to disciplinary a suspension or revocation of my I am allowed to supervise eight | NCB PRSS Supervisor certification | | my supervision such as |
| My signature below indicates I have | read and understand this agree | ement in its entirety. | |
| Supervisor Signature | Date | Co- Supervisor Signature (if applicable) | Date |

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