Sample Letter of Agreement

It is hereby agreed that ___________________________ hereinafter referred to as supervisor, 
(Supervisor)
agrees to supervise the intern/trainee listed below for ___________________________. 
(Employer/Organization)
Supervisor agrees to provide this service to ___________________________ on a voluntary 
basis. ___________________________ agrees to allow ___________________________ to supervise the intern/trainee listed below. Supervisor agrees to ensure that the extent, kind, and quality 
of counseling/psychotherapy performed by the intern or trainee, is consistent with the intern or trainee’s 
training, education, and experience and is appropriate in extent, kind, and quality.

Employer is aware of the licensing requirements that must be met by the intern or trainee and agrees not 
to interfere with the supervisor’s legal and ethical obligations to ensure compliance with those 
requirements, and employer agrees to provide the supervisor access to clinical records of the clients, 
counseled by the intern or trainee.

Supervisor agrees to ensure that the counseling/psychotherapy performed by the intern or trainee listed 
below and the supervision provided by the supervisor will be in accordance with Chapter 13, Division 2 
of the Business and Professions code (the MFT Licensing Law) and any regulations promulgated 
thereunder. The intern/trainee listed below is employed by the ___________________________. 
(Employer/Organization)
and performs counseling/psychotherapy services of a nature specified in Chapter 13, Division 2 of the 
Business and Professions Code and any regulations promulgated thereunder.

<table>
<thead>
<tr>
<th>Trainee/Intern (print)</th>
<th>Supervisor (print)</th>
<th>License</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee/Intern (signature)</td>
<td>Supervisor (signature)</td>
<td></td>
</tr>
<tr>
<td>Employer/Organization (print name)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Authorized Representative (print name and title)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dated</td>
<td>Authorized Representative (signature)</td>
<td></td>
</tr>
</tbody>
</table>

1This Letter of Agreement is to be signed and dated prior to providing services, which are to be counted as hours of experience.