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## IR-510 Supervision Agreement

Please complete all parts of this agreement prior to registering for IR-510 Clinical Supervision.

Hazelden Betty Ford

**Course instructor:** Dr. Zach Hansen [zhansen@hazeldenbettyford.edu](mailto:zhansen@hazeldenbettyford.edu) or 651-213-4045



Graduate School  
of Addiction Studies

### Return completed form to:

Hazelden Betty Ford Graduate School

Attn: Admissions

PO Box 11

Center City, MN 55012

Fax: 651-213-4023

Email: [tmartinson@hazeldenbettyford.edu](mailto:tmartinson@hazeldenbettyford.edu)

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### Supervision experience description:

This course is designed to prepare enrolled students in clinical supervision knowledge and competencies. As a course requirement, students in this course are required to participate in a supervision experience for a minimum of one hour a week during the semester (15 weeks). This experience must include observation of group and/or individual clinical supervision. It is the student's responsibility to identify and secure a "supervision mentor" who will oversee the experience. There are multiple options to obtain this experience. It may be in a clinical setting (supervision provided by a licensed professional), or an academic setting (internship supervision provided by a faculty member). The supervision mentor must have a master's degree in counseling or related field, hold a license to practice, conduct regular supervision, and be willing to act as a mentor to the student. Questions regarding the appropriateness of a supervision mentor or experience should be directed to the course instructor.

\*For those interested in participating in a supervision experience at Center City, there is a limit of one opening per faculty member's group supervision. If you are interested in this, contact Tashina Martinson at [tmartinson@hazeldenbettyford.edu](mailto:tmartinson@hazeldenbettyford.edu) or 651-213-4175.

### The supervision mentor agrees to the following terms:

1. Allow the student to co-participate in individual or group supervision (minimum of 1 hour/week) for the duration of the semester (15 weeks total).
2. Provide the student with an orientation to the agency/facility as well as the supervision experience.
3. Describe to the student personal philosophy of supervision, and the process of how supervision occurs at facility.
4. Provide appropriate oversight for the supervision experience.
5. Provide timely and ongoing feedback to the student during the experience, and complete "Supervision Student Evaluation Form" at the end of the semester.
6. Be willing to discuss the student's work and progress with IR-510 instructor.
7. Contact the instructor of IR-510 if the student is not attending weekly supervision sessions, or if there are ethical or professional concerns about the student within 24 hours of the concern.
8. Agree to and sign accompanying document "IR-510 Supervision Experience Description."

_____ Supervisor/License (Print)	_____ Supervisor Signature	_____ Date
_____ Student (Print)	_____ Student Signature	_____ Date
_____ Instructor (Print)	_____ Instructor Signature	_____ Date

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### Description of Supervision Experience (to be completed by student)

Please briefly provide information to describe your proposed supervision experience for this class. This may be typed into this document or hand-written.

- 1.) Identify the facility name, types of services provided at the facility, and supervision mentor's name and job title.
  
  
  
  
  
  
  
  
  
  
- 2.) Identify the format of supervision you will be observing with your supervision mentor (i.e. group/individual).
  
  
  
  
  
  
  
  
  
  
- 3.) Identify who the supervisees will be (i.e. counselors pursuing licensure, student interns).
  
  
  
  
  
  
  
  
  
  
- 4.) Identify the time, location, and frequency you will be participating in the supervision experience.

_____ Supervisor/License (Print)	_____ Supervisor Signature	_____ Date
_____ Student (Print)	_____ Student Signature	_____ Date
_____ Instructor (Print)	_____ Instructor Signature	_____ Date