



**PROTECTIVE
HEALTH
SERVICES**

Oklahoma State Department of Health
Protective Health Services
Professional Counselor Licensing
1000 NE 10th Street
Oklahoma City, OK 73117-1299
Telephone: (405) 271-6030
FAX: (405) 271-1918
<http://pcl.health.ok.gov>

LGC SUPERVISION AGREEMENT

Section 1-565(2) of the Genetic Counseling Licensure Act states, "An individual practicing under the authority of a temporary license must practice under the general supervision of a licensed genetic counselor, or a physician licensed to practice in this state, with current ABMG certification in clinical genetics."

Subchapter 310:406-13-2 of the LGC Regulations states, "All individuals practicing under the authority of a temporary licenses shall receive general supervision as required by the Act. Supervision shall at a minimum include a review of applicable genetic counseling services provided by the supervisee that have not been previously reviewed."

The Regulations also include the following requirements:

- 1) an approved supervisor
- 2) supervision agreement must be submitted annually and may be renewed annually
- 3) supervision agreement must be approved by the Department prior to starting supervision
- 4) supervision contact shall occur at least every two weeks
- 5) documentation of supervision form must be submitted annually

This supervision agreement must be completed and submitted to the Professional Counselor Licensing office and approved by the office before the temporary licensee can begin supervision.

I, the undersigned, have read and agree to comply with the requirements set forth in Section 1-565(2) of the Genetic Counseling Licensure Act and Subchapter 13 of the LGC Regulations.

TEMPORARY LICENSEE

SUPERVISOR

Print name: _____

Place of Employment: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Date: _____

Signatures: _____

IF THIS IS A RENEWAL FOR SUPERVISION, THIS FORM WILL NOT BE APPROVED IF NOT ACCOMPANIED BY THE DOCUMENTATION OF SUPERVISION FORM FROM THE PREVIOUS YEAR.

-----**(For office use only)**-----

Date approved: _____ PCL Staff approving: _____

Date disapproved: _____ Reason for disapproval: _____