



CALIFORNIA STATE UNIVERSITY, FULLERTON

Division of Student Affairs

Counseling and Psychological Services

P.O. Box 6830, Fullerton, CA 92834-6830 / T 657-278-3040 / F 657-278-2971

SUPERVISION CONSENT FORM

Please be advised that _____ is providing psychotherapy at Counseling and Psychological Services (CAPS) and obtaining post degree hours towards licensure. They are operating under the direction and supervision of their primary supervisor, _____, CA License Number _____. If your counselor also has one or more secondary supervisors, the secondary supervisor's information is listed below. Primary and secondary supervisors have full access to all relevant client treatment records in order to perform supervision responsibilities.

Secondary Supervisor:

Licensure:

Secondary Supervisor:

Licensure:

Secondary Supervisor:

Licensure:

Secondary Supervisor:

Licensure:

OR

This counselor is not currently working with a secondary supervisor.

Client Please Print: _____

CWID#: _____

Client Signature: _____

Date: _____

Counselor Signature: _____

Date: _____