

PROVISIONALLY LICENSED PROVIDER ADDENDUM

Name of Supervisee:

Name of Qualified Supervisor:

Michael Moore, LCSW

Name of Supervisor's Group Practice:

Moore Consulting Holdings, LLC dba Progress Counseling Group

Please attach the following along with this form:

- Copy of supervisor's license(s)
- Copy of supervisee's highest degree obtained (must hold Master's/Doctorate degree in counseling profession)
- Copy of supervisee's provisional license or registration with the state licensing board (if required by the board for supervisees who are working toward independent licensure).
- Proof of malpractice insurance for supervisor and supervisee (minimum \$1 million per incident/\$3 million aggregate)

SUPERVISOR ATTESTATION

I, Michael Moore, LCSW (supervisor name), attest that I am qualified/registered with the state board as an approved supervisor and will be providing supervision to (supervisee name). I agree to notify LifeWorks immediately in the event I am no longer providing supervision to the aforementioned individual.

I also agree to notify LifeWorks immediately should a complaint/investigation be opened with the state licensing board that involves myself and/or my supervisee.

SIGN: Michael Moore

DATE:

SUPERVISEE ATTESTATION

I, (supervisee name), attest that I am working toward obtaining independent licensure as a (name of license) in the state of Florida (name of state).

Check one:

A copy of my license/registration with the state board is attached.

I attest that I am not required to register with the state licensing board while working toward independent licensure.

I agree to provide EAP assessment and counseling services to LifeWorks clients while under the guidance/supervision of Michael Moore, LCSW (name of supervisor). In the event I am no longer being supervised, or should my supervisor change, I agree to notify LifeWorks immediately. Upon being granted an independent license, I will forward a copy of my license to LifeWorks so that my information can be updated.

I also agree to notify LifeWorks immediately should a complaint/investigation be opened with the state licensing board.

SIGN:

DATE: