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*Cognitive Behavior Institute Clinical Supervision Contract*

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I have read in its entirety the Supervision Policies, Terms and Conditions, which serves as the agreement between Cognitive Behavior Institute (CBI), my assigned Supervisor, and myself, for the duration of my association with CBI as Supervisee. My signature below represents that I understand and agree to the terms described herein and wish to proceed in entering into a formal clinical supervision relationship.

**Supervisee:**

Signature

Date

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Print Name

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Phone Number

Email

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Name on Credit Card

Exp Date

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Card Number

CVV Code(on back)

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I authorize CBI to charge the card listed above for services rendered (including late cancellation fees as delineated above).

**Clinical Supervisor:**

Signature

Date

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Print Name

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Phone Number

Email

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