

Cue-Centered Therapy Training Program Case Consultation Agreement Form

I, (print name), _____, understand that the case consultation services provided by the Cue-Centered Therapy Training Program are for educational purposes of learning and improvement of skills in Cue Centered Therapy and as such are not considered the equivalent of clinical supervision.

I agree to the following:

1) I certify that I am fully licensed or receiving supervision under a fully licensed clinician. If receiving supervision under a fully licensed clinician, please provide the supervisor's signature here who is agreeing to assume responsibility for the cases:

Supervisor's Signature

Date

2) It is my responsibility to obtain any consent I may need from my clients for participation in this training.

3) It is my responsibility to have my own malpractice insurance coverage and to practice within the scope of my license.

4) The Cue-Centered Therapy Training Program assumes no liability for my cases.

Trainee Signature

Date