

Center for Center for Psychotherapy, Spirituality & Creativity



ASSOCIATE MANUAL

510.548.1713

Email: cpsctherapy@gmail.com

Website: www.cpsctherapy.org

Mailing Address: CPSC, PO Box 1545, Sonoma, CA 95476



ASSOCIATE PROGRAM WELCOME

Welcome to the Center for Psychotherapy, Spirituality & Creativity (CPSC) Associate's Program. I look forward to working with you to develop your clinical skills and serve as a guide for the creation of your private therapy practice.

Peter H. Coster, Ph.D., LMFT

Executive Director

ASSOCIATE PROGRAM OVERVIEW

Thank you for your interest in the Associate Program offered through CPSC. Since 2005 we have been committed to providing clinicians with the support, training and skills necessary to have a successful practice by the time they become licensed.

Our program is designed for associates who feel called and ready to begin their own practice with a maximum amount of independence and autonomy. CPSC offers you individual and group supervision, or you may hire your own supervisor or join another supervision group that aligns with your theoretical orientation.

In establishing your own private practice, you are free to move at your own pace, decide how many clients you wish to carry, what fees you want to charge, etc. We are here to support and guide you through all these decisions. We help you develop your professional identity by gaining clarity about the type of therapy you wish to offer and the types of clients you wish to serve.

While we do not provide you with clients, we assist you in marketing yourself as a competent clinician who has the skills, professional development and personal maturity to command a fee which enables you to make money as you move toward obtaining your MFT license. Once you become established you will receive income in the form of a stipend in the range of 50-70% of your client fees.



Center for Center for Psychotherapy, Spirituality & Creativity

ASSOCIATE'S CHECKLIST

All documents must be provided to CPSC prior to your commencement as a CPSC associate.

- Signed CPSC Letter of Agreement
- Signed Supervisor Agreement
- Signed Volunteer Agreement
- Copy of Insurance Policy Naming CPSC as Additional Insured

**A copy of the insurance renewal is required annually*

- Copy of Associate's BBS Registration

**A copy of your BBS registration renewal is required annually*

- Copy of Rental/Lease Agreement for Outside Office(s)

Center for Center for Psychotherapy, Spirituality & Creativity

ASSOCIATE VOLUNTEER AGREEMENT

1. It is hereby agreed that _____ a Registered Marriage and Family Therapist Associate (#_____) is a stipend volunteer for the Center for Psychotherapy, Spirituality & Creativity, a 501 (c)3 nonprofit corporation, in order to provide counseling and psychotherapy services consistent with their training, education and experience.
2. It is hereby agreed that the above-named registered Marriage and Family Therapist Associate will be under the supervision of a Licensed Marriage and Family Therapist who meets the qualifications to provide such supervision in accordance with Chapter 13, Division 2 of the Business and Professions Code during the time of their employment as a volunteer at the Center for Psychotherapy, Spirituality & Creativity.
3. As a stipend volunteer for the Center for Psychotherapy, Spirituality & Creativity services will begin on _____.

Date

Associate
Please print full name

Signature

CPSC Director and/or Supervisor



Center for Psychotherapy, Spirituality & Creativity
OVERSIGHT AGREEMENT FOR SUPERVISION

Date: _____
Supervisee Name: _____
Supervisor Name: _____
Employer Name: _____

This letter serves as an oversight agreement between The Center for Psychotherapy, Spirituality and Creativity (CPSC) and _____ (Supervisor). CPSC agrees to allow _____ (Supervisor) who is not employed by CPSC to provide clinical supervision to _____ (CPSC Associate).

_____ (Supervisor) agrees to take supervisory responsibility for the services provided by _____ (Associate). _____ (Supervisor) shall ensure that the extent, kind and quality of services performed is consistent with _____ (Associate)'s training, education, and experience and is appropriate in extent, kind and quality.

CPSC is aware of the licensing requirements that must be met by _____. _____ (Associate) and agrees not to interfere with _____ (Supervisor)'s legal and ethical obligations to ensure compliance with those requirements; agrees to provide _____ (Supervisor) access to clinical records of the clients counseling by _____ (Associate);



and is aware that the supervisor will be providing clinical guidance and direction to the supervisee in order to ensure compliance with the standards of practice of the profession, which includes legal requirements and professional codes of ethics, and agrees not to interfere with this process.

Date of Signing

Supervisor (print name)

Signature

License#

Supervisor Address

Cell# and email

Associate (print name)

Signature

License #

CPSC Director Peter H. Coster



Center for Psychotherapy, Spirituality & Creativity

ASSOCIATE LETTER OF AGREEMENT

This is a Letter of Agreement between the Center for Psychotherapy, Spirituality & Creativity (CPSC) and _____ a Registered Marriage and Family Associate. Registration # _____.

1. It is agreed that the above-named associate is employed on a voluntary basis under the auspices of CPSC, a nonprofit corporation.
2. It is agreed that the associate will receive one hour (1) of in-person or online supervision per week or two hours (2) of group supervision. When the associate's caseload exceeds 10 client hours, the associate will receive additional individual or group supervision conducted by a qualified supervisor.
3. Changes in supervision scheduling, additional meetings, and deletions due to illness and vacations will be made up at a time agreed upon by the associate and supervisor. Missed supervision appointments will be charged accordingly. The supervisor will advise the associate of upcoming absences due to scheduled vacations and provide substitute supervision for missed days/weeks.
4. It is agreed that the supervisor will ensure that the extent and quality of therapy performed by the associate is consistent with the education, training, and experience of the associate and to monitor and evaluate the extent, kind and quality of therapy performed by the associate.
5. It is agreed that the associate acknowledges that she/he is working under the license of the supervisor, that the supervisor retains the right to review and approve new clients, that treatment methods and therapeutic modalities are within the associate's and supervisor's scope of practice as defined by education, training and experience, and that the supervisor retains the right to ask the associate to intervene in cases where it is determined that the client's welfare or the welfare of others is at risk.

CPSC letter of agreement continued...

6. It is agreed that the development, implementation and design of areas that pertain to the conducting of the independent practice will be considered a part of the supervisory relationship. These areas may include, but are not limited to, visioning one's private practice, marketing, advertising, networking, development of specializations, on-going professional training, the development of professional identity, and acquiring clinical competence in all areas that fall under the regulations and requirements for MFT licensure.
7. It is agreed that the associate is responsible for maintaining accurate records and files including: client files, records of client appointments, fees collected, records of all trainings, workshops and activities related to professional development which the associate counts as hours toward licensure.
8. It is agreed that the associate will abide by the policies, rules and regulations set by CPSC which include but not limited to the proper use of CPSC marketing materials, client consent forms, disclosure statements, and billing procedures.
9. It is agreed that the associate is responsible for providing his/her own malpractice insurance and for listing CPSC as an additional insured on the policy. A copy of the policy is to be provided to CPSC prior to the associate's employment.
10. It is agreed that CPSC and the associate are both responsible for promptly communicating all concerns and grievances in a timely and professional manner and both will seek to amend, improve and maintain a mutually beneficial working relationship.
11. CPSC and associate agree that should either party wish to terminate this agreement that a 30-day termination notice is required along with the reasons leading to that decision. The termination will be done in a manner that considers the welfare of the clients, the training goals and objectives of the supervisor and associate CPSC.

CPSC letter of agreement continued...

Date

Associate (Print Full Name)

Signature

CPSC Director, Peter H. Coster

510.548.1713

cpsctherapy@gmail.com

www.cpsctherapy.org

Mailing Address: CPSC, PO Box 1545, Sonoma, CA 95476



Center for Psychotherapy, Spirituality & Creativity

FACT SHEET ASSOCIATE ADVERTISING REQUIREMENTS

Licensees or registrants of the Board of Behavioral Sciences (BBS) must contain all of the following information in any advertisement:

1. Your full name, as filed with the Board; and
2. Your license or registration number; and
3. Your complete title, or an abbreviation deemed acceptable by the Board. Acceptable titles and abbreviations are as follows:

If you are a...	You may use the following and/or abbreviations in advertisements:
Licensed Marriage and Family Therapist	<ul style="list-style-type: none"> ▪ Licensed Marriage and Family Therapist; OR ▪ MFT; OR ▪ LMFT
Registered Associate Marriage and Family Therapist	<ul style="list-style-type: none"> ▪ Registered Associate Marriage and Family Therapist (1); OR ▪ Registered Associate MFT
Licensed Educational Psychologist	<ul style="list-style-type: none"> ▪ Licensed Educational Psychologist; OR ▪ LEP
Licensed Clinical Social Worker	<ul style="list-style-type: none"> ▪ Licensed Clinical Social Worker; OR ▪ LCSW
Registered Associate Clinical Social Worker	<ul style="list-style-type: none"> ▪ Registered Associate Clinical Social Worker (2); OR ▪ Registered Associate CSW
Licensed Professional Clinical Counselor	<ul style="list-style-type: none"> ▪ Licensed Professional Clinical Counselor; OR ▪ LPCC
Registered Associate Professional Clinical Counselor	<ul style="list-style-type: none"> ▪ Registered Associate Professional Clinical Counselor (3); OR ▪ Registered Associate PCC
Registered MFT Referral Service	<ul style="list-style-type: none"> ▪ Registered MFT Referral Service

- (1) The abbreviation “AMFT” may only be used in an advertisement if the title “Registered Associate Marriage and Family Therapist” is also used.
- (2) The abbreviation “ASW” may only be used in an advertisement if the title “Registered Associate Professional Clinical Social Worker” is also used.

Associate advertising requirements continued...

- (3) The abbreviation “APCC” may only be used in an advertisement if the title “Registered Associate Professional Clinical Counselor” is also used.

Additional Requirements for Registrants

If you are a registered associate, your advertisement must also include the name of your employer or the name of the entity for which you volunteer.

If you are an AMFT, you must also state in the advertisement that you are supervised by a licensed person.

Requirements for MFT Trainees: An advertisement by or on behalf of an MFT Trainee shall include all the following:

- That he or she is a “marriage and family therapist trainee”
- The name of his or her employer
- That he or she is supervised by a licensed person.

Use of the Term “Psychotherapy” or “Psychotherapist”: Use of these terms is permissible as long as your advertisement contains all of the information required by law, as listed above.

Use of Academic Credentials: Reference to academic credentials is permitted in your advertisement as long as your degree is earned (not an honorary degree conferred without actual study) and representations and statements made about your degree are not misleading.

Definition of “Advertising”: Advertising includes, but is not limited to (2), any public communication (including, but not limited to mail, television, radio, motion picture, newspaper, book, list or directory of healing arts practitioners, Internet, or other electronic communication), the issuance of any card, sign, or device to any person, or the causing, permitting, or allowing of any sign or marking on, or in, any building or structure, or in any newspaper or magazine or in any directory, or any printed matter whatsoever, with or without any limiting qualification. For more information, see Section 651 of the Business and Professions Code.

Unprofessional Conduct in Advertising: The following are considered unprofessional conduct (3):

- Advertising in a manner that is false, fraudulent, misleading or deceptive.
- Misrepresentation as to the type or status of a license or registration, or otherwise misrepresenting education, professional qualifications, or professional affiliations.



Associate advertising requirements continued...

For more information, see the Board's Statutes and Regulations.

1. Business and Professional Code (BPC) Section 4980.48(c)
2. BPC Sections 4980.03(e) (LMFT); 4989.49 (LEP); 4992.2 (LCSW); and 4999.12(j) (LPCC)
3. BPC Sections 4982(f),(p) (LMFT); 4989.54(e),(i) (LEP); 4992.3(g),(q) (LCSW); and 4999.90(f),(p) (LPCC)

Revised 07/2018

BBS Sample Advertising Format Registrants

Mary Doe Registered Associate Marriage and Family Therapist AMFT 9999 Employed by Company ABC Supervised by Jane Smith Licensed Marriage and Family Therapist	Mary Doe, M.A., Ph.D., AMFT Registered Associate Marriage and Family Therapist Registration No. AMFT 9999 Company ABC Supervised by Jane Smith
Rafael Garcia Registered Associate Clinical Social Worker ASW 99999 Employed by Any Town Therapy	Rafael Garcia, M.S.W., Ph.D. Registered Associate Clinical Social Worker Any Town Therapy Registration No. ASW 99999
Jack Smith XYZ Charity Registered Associate Professional Clinical Counselor APCC 99999	Jack Smith, M.A., Ph.D., APCC Registered Associate Professional Clinical Counselor Registration Number APCC 99999 Volunteer for XYZ Charity

Licenses

Jane Smith Any Town Therapy Licensed Marriage and Family Therapist LMFT 9999	Jane Smith, Ph.D., LMFT Psychotherapist License No. LMFT 9999
Mary Lopez, LEP Licensed Educational Psychologist LEP 9999	Mary Lopez, M.A., Ed.D., LEP Psychotherapist License Number LEP 9999
John Jones Licensed Clinical Social Worker LCSW 9999	John Jones, M.S.W., LCSW License No. LCSW 99999 Providing Psychotherapy Since 2000
Jin Fong Licensed Professional Clinical Counselor LPCC 9999	Jin Fong, M.S., Ph.D., LPCC Any Town Therapy Psychotherapy Services License Number LPCC 99999



Center for Psychotherapy, Spirituality & Creativity
ASSOCIATE
FINANCIAL AND ACCOUNTING PROCEDURES

The following procedures must be used by all CPSC associates:

1. All client checks are to be made out to:
Center for Psychotherapy, Spirituality & Creativity or CPSC.
2. All deposits, including checks/cash, are to be recorded on
The US Bank deposit slips provided by CPSC. Deposits can be made
in the US Bank branch or by U.S. mail.
3. The monthly accounting is recorded on your Google Drive
spreadsheet. Reported income will include net client fees, fees, and
gross income via IvyPay, and check/cash deposited to CPSC bank
account. Reported expenses only include payments administered
by CPSC, i.e. supervision, rent, CPSC fees.
4. When your client fees exceed your monthly expenses, you will
receive a stipend or payroll deposit. Please allow ten days from the
time you submit your accounting to receive your payment by Zelle
or check.
5. When your expenses exceed your client fees, you will need to pay
CPSC the difference by Zelle or check.
6. Your monthly fees and stipend are determined as follows:
Subtract from your client fees:

CPSC Administration Fee - \$115

Percentage of Client Fees - 15%

Rental Fees – Determined by rental agreement

Supervision Fees – Determined by individual agreement



Center for Psychotherapy, Spirituality & Creativity

CLIENT INFORMATION FORM

Contact

Name: _____

Address: _____

Email: _____

Home Phone: _____ Message OK? _____

Cell Phone: _____ Message OK? _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Client Information:

Date of Birth: _____ Age: _____


Gender: _____ Sexual Orientation: _____

Race/Ethnicity: _____

If immigrant, please specify country of origin and immigration date:

If parents born outside the U.S., specify countries: _____

Occupation: _____



Client information form continued...

Current Medications (list length of time used and dosage):

Psychiatric:

Non-psychiatric:

Please list previous therapy experience along with approximate treatment dates and type:

Individual or couples: _____

Generally, what was your experience of therapy?

Was there anything that was particularly helpful or not helpful?

Reasons for seeking treatment and goals for therapy:

Referral Source: _____



Center for Psychotherapy, Spirituality & Creativity

ASSOCIATE
AUTHORIZATION TO EXCHANGE
CONFIDENTIAL INFORMATION

It is the policy of CPSC to hold all information received from or about clients in the strictest confidence and not release any information without your specific permission.

Please note that this form specifies with whom information about you may be exchanged and specifically for what purpose. All blanks must be filled in before you sign. If you have any questions about this form and how it is used please ask your therapist.

I authorize _____ to exchange confidential information with _____ in regard to (whom) _____

The exchange of records authorized is required for the following purpose(s):

Information requested is as follows:

Any information you authorize other persons to release to CPSC will not be released by CPSC without your specific authorization.

This authorization is valid only for the period of time that you are receiving direct services from CPSC or for a period from the date of signature to the following:

Signature of Client: _____ Date: _____
(Parent if in regard to a minor)

Witness: _____ Date: _____
(Associate)

Original held by CPSC, cc to Party exchanging information and Client.



Center for Psychotherapy, Spirituality & Creativity

www.cpsctherapy.org

501(c) (3) 2960900

Tax ID # 20-8097141

NPI # 1881923589

CLIENT SUPER BILL

Date: _____

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Service: _____

Diagnosis: _____

ICD: _____

CPT Code: _____

Dates of Service	Charges	Paid	Balance

Total: \$ _____

Provider's Name: _____

Clinical Director: Peter H. Coster, PhD. Lic. #24853

Mailing Address: CPSC, P.O. Box 1545, Sonoma, CA 95476



BBS REQUIREMENTS FOR SUPERVISORS

Supervisor Minimum Qualifications - A licensed mental health professional who provides supervision to a Marriage and Family Therapist (AMFT) or applicant who is pursuing licensure must meet certain minimum qualifications. The linked document here provides a summary of qualifications: https://www.bbs.ca.gov/pdf/forms/lpc/lpc_supervisor_information.pdf

Supervision Agreement Between the Supervisor and the Supervisee - Any licensed mental health professional who provides supervision to any person gaining hours of experience toward LMFT, LCSW or LPCC licensure is required by law, along with the supervisee, to complete a *Supervision Agreement Between the Supervisor and the Supervisee* linked here: https://www.bbs.ca.gov/pdf/forms/supervision_agreement.pdf

Supervisor Self-Assessment Report - Any licensed mental health professional providing supervision to LMFT, LCSW, or LPCC supervisees must complete and submit the one-time *Supervisor Self-Assessment Report* linked here: https://www.bbs.ca.gov/pdf/forms/supervisor_self_assessment.pdf

CPSC Supervision and Off-Site Supervisors

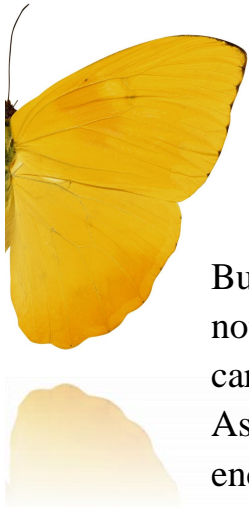
CPSC's Clinical Director Rulik Perla offers group and individual supervision at reasonable rates for CPSC associates. Rulik's monthly supervision fee is recorded as a monthly expense on your Google Drive spreadsheet and deducted from your stipend.

If you choose to work with an off-site supervisor you need to ensure that the supervisor meets the BBS minimum qualifications and complies with all reporting requirements. You have the option to pay the supervisor directly or have CPSC pay by Zelle or electronic check.

Supervisor information continued...

If CPSC is paying your supervisor, please ask him/her to invoice CPSC monthly by email to katemcclintock@sbcglobal.net.

Please advise your clinical supervisor and CPSC Director Peter Coster of your completed hours toward licensure on an annual basis. When you are near completion and ready to submit your application to the BBS, please follow the guidelines in the CPSC Associate's Manual.



BUILDING A SUCCESSFUL THERAPY PRACTICE

Building and sustaining a successful psychotherapy private practice not only requires attention to attracting and retaining clients, but also careful management of your financials and business operations. As an Associate of CPSC we will help guide you in this process, but we also encourage you to independently develop business management skills for the success of your private practice once you are licensed.

Please review the following accounting, operations, and supervision information:

Accounting and Payroll

- The CPSC accounting period is the 1st - 30th or 31st of each month.
- All client payments must be directly deposited in CPSC's bank account. Associates may not take payments from clients and deposit in any personal or business account.
- Associates will submit monthly accounting reports via Google Drive.
- All Associates will participate in the IvyPay Group Practice. CPSC will generate reports monthly from IvyPay to reconcile with the Associate's accounting report on their Google Drive spreadsheet.
- Associates will be provided CPSC bank account information for the monthly deposit of client fees; this includes cash, checks and electronic transactions.
- Associates will be responsible for IvyPay electronic payment fees.
- Associate stipends and payroll will be processed at the beginning of each month after accounting is reconciled.

- Monthly Google Drive **reports must be complete** and include (if applicable): client income, Ivy Pay credit card fees, supervision, rent, CPSC administration fee, CPSC % of client fee (net after CC fees), and other expenses.
- Failure to consistently report accounting in an accurate and timely manner will jeopardize your agreement with CPSC.

Ivy Pay Credit Card Transactions

If you are using IvyPay credit card services, you will need the CPSC banking information. This will be provided when you set up the account. The IvyPay app enables you to generate weekly/monthly statements. Please reconcile your reportable client income **prior** to submitting your monthly accounting report to CPSC via Google Drive.

CPSC Required Documents

As outlined in the CPSC Manual, CPSC must have on file a copy of your **current BBS license, insurance naming CPSC as secondary insured, new or changed lease/sublet agreements, and new or changed supervisor agreements.** These documents typically need to be refreshed on an annual basis.

Please send updated documents directly to Kate. She will contact you if documents are still needed and will also send periodic reminders to ensure your file is current.

FAQ Re Accounting, Taxes and the IRS

1. Am I a volunteer or an employee?

You begin your associate internship as a “volunteer” and have the option of becoming an employee once your client income begins to average \$2500 per month for more than three months.

2. Will I receive a W2 at the end of the year?

Only if you are an employee on payroll will you receive a W2 from SurePayroll. If you remain a stipended volunteer you will need to use your Google Drive spreadsheet to calculate your annual income and expenses, along with other practice expenses not reported to CPSC, i.e. phone/internet, mileage, supplies, advertising, etc.

3. Why should I use a Schedule C when filing my taxes?

As far as the IRS is concerned, you are “self-employed” with reportable income and expenses. Every expense that goes into building your practice can be reported as a legitimate expense. This includes all of the CPSC fees, cost of supervision, IvyPay fees, phone/internet, computer, professional development, consultation fees, etc.

4. Will I receive a 1099?

No. Receiving a 1099 makes you an independent contractor.

5. What is the purpose of the monthly accounting spreadsheet?

The spreadsheet which you complete monthly provides the CPSC business manager a record of your monthly income and expenses. Your spreadsheet information is reconciled to your IvyPay transaction statements and bank deposits (if clients pay by checks/cash) and determines your monthly stipend. Your spreadsheet provides an annual accounting of your income and some (but not all) of your practice expenses for filing IRS taxes.

Contact Information

Kate McClintock, Accounting & Operations Manager

katemclintock@sbcglobal.net

Cell: 707.483.4925.

Peter Coster, CPSC Director

707.228.5508

cpsctherapy@gmail.com