

Post-Graduate Supervision Program

Supervisee Application

Please complete the form below and return by fax: (612) 861-7559, email: ev@alfredadler.edu, or mail: AGS, 1550 East 78th Street, Richfield, Minnesota 55423.

Name: _____
First Last

Address: _____

Phone: (_____) _____ License(s) desired: _____

Number of post-graduate supervision hours (applicable to license(s) desired) received to date: _____

*Documentation required.

Please attach proof of insurance - with minimum coverage limits of \$1,000,000 per incident and \$3,000,000 annual aggregate.

Fee Schedule

| | | |
|---------|------------|----------------|
| Alumni: | Group | \$25 / hour |
| | Individual | \$60 / hour |
| | Dyadic | \$42.50 / hour |
| Guests: | Group | \$35 / hour |
| | Individual | \$65 / hour |
| | Dyadic | \$50 / hour |

*Supervisees will be billed on a monthly basis. If you fall behind on a month's payment, AGS reserves the right to stop your hours until payments have been completed.