**Sample Contract with Supervisee**

# ***Your Company Name (Inc or LLC, etc.)***

*Address, City, State, Zip*

*Phone*

*Email*

*Website*

### **Clinical Supervision Agreement, Informed Consent, Policies and Procedures** Purpose

The purpose of this agreement is to familiarize the ALC with the structure and process of licensure clinical supervision as the ALC works toward licensure or maintaining one’s ALC. Included is a description of the process, the ALC’s rights and responsibilities, which will ensure a common understanding about the supervision process and provides the ALC an opportunity to ask questions for clarification and understanding.

###### PROFESSIONAL DISCLOSURE - ABOUT (INSERT CLINICAL SUPERVISOR INFORMATION)

**A. My credentials are as follows:**

* I earned a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with an emphasis in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at the University of \_\_\_\_\_\_\_\_\_\_\_, in the state of \_\_\_\_\_\_\_\_\_\_\_.
* I am licensed in Alabama as a Professional Counselor (LPC\_ \_ \_ \_ ) by Alabama Board of Examiners in Counseling.
* Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(add other licensing credentials if applicable)
* *(insert other items that pertain to counseling such as board Supervisee may serve on or other volunteer positions)*
* I am a Licensed Professional Counseling Supervisor (LPC-S #\_ \_ \_) meeting the requirements of ABEC.

**B. For the past XX years I have worked in a variety of settings including:**

*(Fill in the details of the LPC’s experience, what makes the clinical supervisor qualified to be a supervisor.)*

1. **My clinical experience has focused on: (sample below)**
* *Depression*
* *Stress and Anxiety*
* *Grief and Loss*
* *Relationship Issues (Divorce, Infidelity, Separation, Parenting)*
* *Addictions (Internet, Sexual, Pornography, Drugs)*
* *Cultural Adjustment*
* *Crisis and Trauma*
* *LGBTQI*
* *Asperger’s Syndrome*
* *Personality Disorders*
* *Couples Counseling*
* *Veterans*
1. **My theoretical processes include: *(sample- replace with your Supervisor theoretical approach)***
* *Counseling/Clinical - Cognitive-Behavioral, Person-Centered, Solution-Focused*
* *Supervision – Integrated Developmental Model, Solution-Focused, Developmental Model, Cognitive*

During the supervision experience, I will take on different roles at different times including teacher, consultant, counselor, and evaluator.

**SUPERVISION PROCESS**

1. **Participation:**
2. During the introductory meeting and during the first 90 days of supervision the ALC will need to provide the following documents:
	1. A copy of ALC’s graduate diploma(s) related to counseling.
	2. A copy of ALC’s graduate transcript
	3. A copy of the ALC’s proof of professional liability insurance
	4. A signed copy of the ALC’s statement of understanding regarding the Supervision agreement.
3. Arrive within five minutes of scheduled start time and be prepared for each meeting. ***(Being prepared means bringing a topic for discussion.)***
4. Supervision is an interactive process intended to monitor the quality of client care, improve clinical skills, and facilitate professional growth.
5. The ALC can expect to receive timely feedback of the ALC’s clinical interventions and to have a supportive environment in which to explore client-related concerns.
6. The ALC will be expected to be an active participant in the supervision process.
7. When the ALC plans to discuss a case in supervision, be prepared to share information about the presenting problem, demographic information (first name, age, sex, racial/cultural identity, brief history of the symptoms, and a general description of treatment goals.
8. **Clinical Emergencies -** Discussions of clients will be confined to supervision time except for emergencies (ex. client hospitalization, suicidal ideation). **In the case of an emergency:**
	1. (fill in how the LPC-S can be reached) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. There are **no additional fees** for emergency consultation.
	2. If the ALC cannot reach me, the ALC may (fill in with emergency contact person and how to contact them) (name of emergency contact) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If they are not available:
	3. *(sample: Leave a detailed message for me on my cell phone and I will return your call as soon as possible.)*
9. The use of Tele-supervision may be utilized if it is deemed appropriate between the LPC-S and ALC. The supervisor will assess the supervisee’s competence for the use of tele-supervision and determine if this method of supervision is the best training method to utilize. If tele-supervision is chosen, the supervisor will still require at least 25% face-to-face, live, in-person supervision per the licensing board requirements.
10. **GROUP & INDIVIDUAL Setting the Agenda-See required Supervisee log forms (sample below)**
	* 1. Each supervision group/session will start with agenda items. This means that at that time, Supervisee can indicate whether there are cases the ALCs want to discuss, professional development concerns, topics related to ethics, etc. NO MORE THAN 5 INDIVIDUALS may be in Group Supervision.
		2. I will take the lead in providing feedback and exploring clinical process with supervisees; however, based on the available time in the meeting, the topics of discussion and other factors. Feedback and dialogue among supervisees is required.
		3. I will use a variety of methods/techniques during supervision, including but not limited to genograms, quizzes, case studies, etc. to evaluate the ALC(s) professional development and training.
		4. The format for each group meeting will include follow-up on any urgent client care issues and agenda items from each participant.
		5. I will encourage the Supervisee to ask questions, explore alternatives, address ethical concerns, and receive feedback and suggestions on the Supervisee’s therapeutic interventions.
		6. We will also explore counseling theories in our process of case conceptualization.
		7. The benefits of these requirements will serve to improve/support the Supervisee’s counseling conceptualization and intervention skills and to increase the Supervisee’s sense of professional identity.
		8. Possible risks include discomfort arising from challenges to the Supervisee’s counseling knowledge, abilities, and/or skills.
		9. If I deem it necessary, I may request the Supervisee attend individual supervision to have a more private dialogue regarding the Supervisee’s supervisory process, supervisory relationship, and professional development needs.
		10. Occasionally, I will provide an article or resource that we will read and discuss in supervision. If I send this information via e-mail, print it out or download it to a device that can be read at the meeting. Read and bring it to our meeting(s).
		11. Supervisees are encouraged to keep some type of folder or binder that allows Supervisee to track our supervision discussions and to keep up with resources provided in supervision.
		12. The purpose of the Post Graduate Experience and Supervision is to provide structure and accountability for obtaining experience and supervision which qualifies an applicant to apply for full licensure.

**ADMINISTRATIVE TASKS AND EVALUATION**

* + 1. **Supervision Log & Notes:**

*ABEC has rules that require the Supervisee and the Supervisor to keep contemporaneous supervision logs.*

1. Supervisee will use the forms as developed by ABEC. The logs must indicate the dates, the length of time on those dates and the topics discussed on those dates, plus other information.

2. In addition to a supervision log, Supervisee will keep a summary using the forms as developed by ABEC.

3. In the event that ABEC asks to see these logs, the Supervisor and Supervisee must both produce the Logs & Notes (summaries may be included but do not replace the logs).

4. The forms are found on the website of the Alabama Board of Examiners in Counseling <https://abec.alabama.gov/>

* + 1. **Evaluation:**

*The purpose of clinical and professional evaluation is to qualify, monitor and support Supervisee’s progress in the Supervisee’s counselor development. The ALC will be provided with* (sample “a copy of my evaluation form at the beginning of our supervisory work”).

* + - 1. Twice a year evaluation meeting: The ALC will bring a sample of clinical writing to the evaluation meeting. This can be a case note, a treatment plan, or an assessment etc.

 a. The sample writing needs to be related to the case that will be discussed.

 b. The sample clinical writing should protect the identity of your client(s).

c. Supervisee(s) must change identifying information accordingly.

* + - 1. At the conclusion of our supervisory work together, I will provide you, the ALC, with a form to evaluate my services as a clinical supervisor. This will be an anonymous form .

a. DO NOT put the Supervisee’s name on it.

b. The Supervisee will be provided with a self-addressed stamped envelope to return the clinical supervisor evaluation form.

1. **Documentation:**

ABEC – **Licensed Professional Counselor, LPC**

1. At the end of the ALC’s required time interval, 1-5 years depending upon graduate degree and the amount of time needed by the Supervisee to complete the supervised experience hours;

 a. I will complete the forms provided by ABEC that are necessary to verify supervision and report on performance; however, there are several exceptions:

 b. If the Supervisee’s evaluations reflect a lack of satisfactory required skills, I cannot ethically endorse the Supervisee for credentialing and licensure.

 c. Additionally, if the Supervisee did not sufficiently participate by allowing me an opportunity to observe the Supervisee clinical skill set, then it might result in my not completing Supervisee paperwork.

2. In either event, the Supervisee will receive opportunities to address any concerns by an action plan that is co-created because of individual and group supervision meeting discussions. I will provide the ALC with continuous feedback if I have these concerns.

**STRUCTURE & FEES (sample)**

1. **Individual Supervision**- A one-hour introductory meeting is required to determine “*suitability of fit*” to pursue a supervisory relationship as it relates to Supervisee supervision needs, clinical experience, goals and my clinical background, experience etc. At the conclusion of our supervisory work together, we will hold a one-hour termination meeting.
2. The fee is $\_\_\_\_\_\_\_\_\_. If it is determined that we will not work together, then consultation and referrals will be provided upon request.
3. At least twice a year we will have an individual evaluation meeting. The fee for those one-hour meetings is $\_\_\_\_\_\_\_ per meeting.
4. **Group Supervision -** is limited to 2 – 5 participants per group**.** ABEC allows up to five (5) participants in a supervision group.
	1. The fee is $\_\_\_\_\_ per person-per month.
	2. It is mandatory to attend two groups per month, unless otherwise notified.
	3. Group meets for 1.5 hours.
	4. Please note that if the Supervisee must miss a meeting, a 24-hour notice is expected.
	5. *However, the Supervisee is responsible for Supervisee fee of $ per month whether the Supervisee attend both required two supervision meetings per month or not. This requirement ends when supervision has terminated.*
5. **Regarding payment:**
	* 1. The Supervisee can elect to pay twice per month or once a month ***(please select Supervisee option at the end of this agreement).***
		2. Cash or credit cards will be accepted.
		3. If Supervisee pays via credit card: *(fill in)*
		4. ***Late Payments***- Payment is due during the month that services are remitted. Any payments made late (late means the 1st day of the following month), will accrue at $15.00 per each week that payment is late. For example, if a payment is one day late the fee is $15.00 up to 7 days late. If Supervisee payment is 8-14 days late, the late fee is $30.00 and so on.
			1. After three months/incidents of late payments the supervisory relationship may be terminated by the supervisor.
			2. Documentation for the licensure application will only be provided if sufficient and satisfactory clinical evaluation occurred over the course of the supervisory relationship.
			3. Additionally, **all supervision fee balances must be paid before documentation will be provided for the licensing board**.
		5. ***Payment Policy:*** *(describe how you will document the payment record)*

*SAMPLE: At each meeting the Supervisee will complete a log that will represent Supervisee payment record. This payment record document will be a part of Supervisee* ***supervision folder*** *which will be kept at the Clinical Supervisor Office. Supervisees are encouraged to keep a duplicate record.*

1. **Attendance:**
2. There is a supervision sign-in process for each supervision meeting. Please sign the attendance sign-in sheet upon arrival.
3. I will record supervision hours obtained in direct relationship to the time the Supervisee spent in supervision. If a Supervisee is excessively late for meetings, then that will be reflected in the time recorded.
4. If for any reason I am unable to attend a supervision meeting I will make every provision to provide Supervisee with an alternate time for group or individual supervision at Supervisee convenience within a week of the missed meeting.
5. *(Sample: An online calendar is used to coordinate supervision attendance. Please schedule Supervisee meetings as soon as possible (within 24 hours) after I indicated either verbally or via e-mail that the calendar has been updated.)*
6. **Legal and Ethical Issues:**
	* 1. Supervision is not intended to provide the Supervisee with personal counseling or therapy.
		2. If personal issues or concerns arise repeatedly and in a way that does not seem to be resolved in a healthy way, the Supervisee will be strongly encouraged to seek personal counseling.
		3. If I recommend personal counseling and Supervisee does not pursue it, this may contribute to the dissolution of the supervisory relationship.
		4. The content of supervision meetings and evaluations are confidential except what I share with my supervisor or consultant(s).
		5. Information provided by other therapists during supervision is confidential.
		6. Supervisee must complete 2 hours of ethics every 2 years at a minimum.
		7. Supervisee is required to report child abuse/elder abuse, substantial risk imminent harm to self or others to the proper authorities, as well as to me, immediately if there is a crisis. If the matter has been addressed sufficiently without my involvement and with the aid of an experienced clinician in Supervisee work setting it may be reported at the next supervision meeting,
		8. As an independent clinical supervisor, I am not responsible for Supervisee’s job performance, for the number of cases assigned to Supervisee or for any other aspect of Supervisee job duties or employment agreement with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *(Please print the name of employer(s)*

* + 1. With the assistance of the Employer/Director, the Supervisees are to become familiar with and comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
		2. In school settings, the Supervisee needs to become familiar with the Family Education and Rights to Privacy Act (FERPA).
		3. Supervisee must inform the Director and the Administrative supervisor, if one of them provides clinical supervision in the workplace. Additionally, Supervisee should inform them of my name and contact information.
		4. Supervisees are required to have their own individual Professional liability insurance. The policy should cover 1 million per individual claim/ 3 million aggregate, per policy year.
		5. Professional Liability insurance can be obtained from several agencies, below are two recommend for their ease of use, affordability, and easy search-ability online:
			1. CPH & Associates, http://www.cphins.com, phone 1-800-875-1911
			2. HPSO
		6. Supervisee must provide a copy of professional liability insurance face sheet for the Supervisee’s supervision record.
		7. The Supervisee is also required to become familiar with and comply the ethical guidelines ABEC and relevant Professional Associations such as the American Counseling Association (ACA), American Mental Health Counseling Association (AMHCA) and the National Board of Certified Counselors (NBCC).
		8. Supervisee ethical responsibilities include, but are not limited to the following:
			1. To protect clients from harm.
			2. To actively participate in supervision to promote skill development.
			3. To be honest, open, share deficits, and report mistakes.
			4. Become the best professional possible.
			5. Provide services to clients in an ethical manner and adhere to ethical standards of profession.
			6. Work always within the limits of competency, skill, and training.
			7. Understand the importance of clearness, objectivity and need for self-awareness as part of ethical practice. Failure to do so impacts the effectiveness of Supervisee work with clients.
			8. Provide supervisor with honest feedback about supervision and the supervisory process.
			9. Inform Supervisee’ clients that Supervisee is being supervised.
			10. Identify client’s problems and symptoms to the best of Supervisee ability.
			11. Understand the rules and regulations in Supervisee work setting.

**Licensure**

It is the Supervisee responsibility to know and understand the licensing law. I am willing to discuss the law with Supervisee and give Supervisee my understanding, but the ultimate responsibility of knowing and complying with the licensing law rests with Supervisee.

For assistance contact ABEC.

**Statement of Agreement**

* I have read and understand the information contained in this document. Signature acknowledges agreement to terms of a supervisory relationship with (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, owner of \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* This agreement can be terminated with 2 weeks’ notice at any time by either the Supervisee or by the Supervisor, based on verbal or written communication: including e-mail, fax, or an in-person meeting or letter.
* If termination is necessary (by either party) all due care will be given to ensure proper client, student, or patient care (including closing files, changing supervisor information, etc.).

*Please initial next to each point below, acknowledging Supervisee’s understanding of this agreement:*

|  |  |
| --- | --- |
| **\_\_\_\_\_\_** | I am responsible for paying my $\_\_\_\_\_\_\_\_\_\_ per session supervision fee each session and if I don’t cancel 24 hours in advance or if I fail to show.  |
| **\_\_\_\_\_\_** | I am responsible for paying my $\_\_\_\_\_\_\_ per month supervision fee whether I attend my supervision meetings or not. |
| **\_\_\_\_\_\_** | I understand that supervision payments are due during the month that services are rendered, that late payment constitutes payments made on or after the 1st day of the following month, that late fees are assessed at $15.00 per week until the payment is made. |
| **\_\_\_\_\_\_** | I understand that three (3) late supervision payments could result in termination of supervision services. |
| **\_\_\_\_\_\_** | I am electing to pay once per month (yes or no) or twice per month (yes or no). |
| **\_\_\_\_\_\_** | I understand that is my responsibility to keep a log of my supervision and to keep supervision notes as required by ABEC. |
| **\_\_\_\_\_\_** | I understand that it is my responsibility to get 2 continuing education credits in the area of ethics every year whether I am designated as an ALC. |
| **\_\_\_\_\_\_** | As an ALC, I know that I am required to obtain 10 hours of continuing education credits in order to renew and maintain my credential. |
| **\_\_\_\_\_\_** | If the ALC credential is required by my employer, I agree to be honest with both my employer and my supervisor regarding my licensure status. |
| **\_\_\_\_\_\_** | I understand that it is my responsibility to schedule my two individual evaluation meeting(s) per year with my clinical Supervisor, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| **\_\_\_\_\_\_** | I acknowledge that I have 6 weeks from the date of the supervision payment to complete the individual meeting without forfeiting the fee. |
| **\_\_\_\_\_\_** | I understand that I must provide a sample of my clinical writing in the individual evaluation meeting. |
| **\_\_\_\_\_\_** | I understand that it is my responsibility to review the ABEC ethical guidelines and the American Counseling Association / American Mental Health Counseling Association guidelines whether I am a member or not and the National Board of Certified Counselors if I am a member as designed by the NCC. |
| **\_\_\_\_\_\_** | I understand what constitutes a clinical emergency and my various options for clinical support in the event of a clinical emergency (particularly if I determine that I need guidance beyond what I am able to receive at my work site). |
| **\_\_\_\_\_\_** | I know that I am responsible for my own understanding of the Alabama licensing laws. |
| **\_\_\_\_\_\_** | I know that it is my responsibility to understand the HIPAA and/or FERPA regulations at my work site. |
| **\_\_\_\_\_\_** | I understand that I must inform my clients that I am practicing under clinical supervision and tell them who my supervisor is and how they can be contacted. |
| **\_\_\_\_\_\_** | I understand that if I elect to record a session for supervision that I must provide my client with informed consent and authorization. |
| **\_\_\_\_\_\_** | I understand that it is my responsibility to obtain professional liability insurance, separate from what is provided by my employer. |
| **\_\_\_\_\_\_** | I understand that my supervisor may choose to utilize tele-supervision to enhance the supervision process. I understand that they will make an assessment of my readiness to utilize this platform for supervision and may determine it is not appropriate for my training. |
| **\_\_\_\_\_\_** | I understand that if tele-supervision is chosen, that my supervisor can cease to utilize it if he determines that it is ineffective in my training, if there are technical issues that can’t be resolved, or for my lack of compliance with directives from supervision. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Supervisee Signature Date***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Supervisee Name (Printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Supervisor Signature (type your name, license, credentials here Date

**Notes:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_