



SUPERVISION EXPERIENCE FORM Post-Graduate Degree Supervised Experience

This form is to be **filled out by the supervisor** when the applicant's supervision is completed. Include this form with your application in a separate, sealed envelope with the supervisor's signature across the seal.

Applicant's Name: _____

Supervisor's Name: _____

Supervisor's License Number: _____ License Type: _____

Date License Issued: ___/___/___ Date of Expiration: ___/___/___ Issued in State of: _____

PART TWO – TO BE COMPLETED BY THE SUPERVISOR <i>After completing return to resident in a sealed envelope with your signature across the flap.</i>

Supervision was given from _____ (month/year) to _____ (month/year)

DESCRIPTION OF COUNSELING SERVICES RENDERED BY APPLICANT UNDER YOUR SUPERVISION

1. Location where the supervision took place: _____

2. In your opinion, has the applicant demonstrated competency in counseling practice sufficient for licensing and the independent practice of counseling? YES NO

Please elaborate: _____

Please fill out the table below with how many hours of supervision you provided to the applicant in each category (definitions are below):

Supervision Area	Hours per Week	Total Hours
Immediate Supervision		
Group Supervision (counts towards Immediate hours)		
General Supervision		

General supervision – supervision in which the supervisor is available to the person supervised, either in person or by a communications device. **(3300 hours required)**

Immediate supervision – supervision in which the supervisor is physically present with the person supervised and either discussing or observing the person's practice. **(200 hours required, at least 100 under a licensed professional counselor)**



SUPERVISION EXPERIENCE FORM – CONTINUED

Your evaluation of the applicant's competencies and the areas covered in supervision is required. To complete supervision requirements the applicant must have satisfied all items listed below in one or more supervisory experiences during 3,500 hours of counseling experience. Please place an "X" in the column that represents your evaluation of competencies.

YES = The applicant has satisfactorily demonstrated competencies in this area
NO = Additional work is required to achieve competency
DNI = Supervision did not include this area

COUNSELING AND PSYCHOTHERAPY TECHNIQUES	YES	NO	DNI
Conceptualizes and implements counseling practice from a working theoretical base and can articulate that theoretical foundation.			
Demonstrates a working knowledge and flexibility with different theories and techniques in working with a variety of:			
A. Clinical Problems (Specify)			
B. Populations (Specify)			
C. Unique aspects of clients – including culture, gender, sexual orientation, disability and developmental concerns (Specify)			
APPRAISAL, EVALUATION AND DIAGNOSTIC PROCEDURES	YES	NO	DNI
Demonstrates an ability to diagnose client's problems using appropriate methods (DSM-IV) and can justify the diagnosis based on case information.			
Uses appropriate instruments and clinical data to appraise client behavior.			
TREATMENT PLANNING & IMPLEMENTATION	YES	NO	DNI
Demonstrates an ability to develop and implement an appropriate treatment plan consistent with the diagnosis.			
CASE MANAGEMENT & RECORD KEEPING	YES	NO	DNI
Maintains appropriate clinical records and client data.			
Understands circumstances under which various records can be released.			
PROFESSIONAL IDENTITY & FUNCTION	YES	NO	DNI
Uses supervision and shows continuing development of counseling skills.			
Demonstrates knowledge of strengths and limitations of a LPC and the distinctive contributions of other mental health and health professionals.			
Makes appropriate referrals to other health providers and resources in the community.			
Handles appropriately, or knows how to handle, psychiatric emergencies.			
PROFESSIONAL ETHICS & STANDARDS OF PRACTICE	YES	NO	DNI
Understands and has discussed ethical issues concerning dual relationships.			
Knows the laws related to a counselor's duty in life-threatening situations, child & physical abuse, etc.			
Understands and has discussed the ethics of confidentiality and other legal and ethical issues.			

Signature of Supervisor: _____ Date: _____