



**COMMONWEALTH OF VIRGINIA**  
**Department of Health Professions**  
**Board of Counseling**

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**SUPERVISION SUMMARY FORM FOR LSATP LICENSURE**

Applicant's Name (Last, First, Middle)

		<u>Supervisor One</u>	<u>Supervisor Two</u>	<u>Supervisor Three</u>	<u>Supervisor Four</u>	<u>Internship Hours towards Residency *</u>	<u>Totals</u>
1.	<b>Name of Supervisor</b>						
2.	<b>Dates of Supervision</b>						
3.	<b>Total Hours (client contact + ancillary hours)</b>						
4.	<b>Total Hours of Face-to-Face Client Contact</b>						
5.	<b>Total Face-To-Face Contact Hours providing clinical substance abuse treatment services</b>						
6.	<b>Total hours of Individual supervision</b>						
7.	<b>Total Hours of Group Supervision</b>						
8.	<b>Are hours duplicated under another supervisor? If so, how many? (Circle yes or no)</b>	Yes No _____	Yes No _____	Yes No _____	Yes No _____	Yes No _____	

\*A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-60-70 may count for up to an additional 300 hours towards the requirements of a residency. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor or a licensed marriage and family therapist.