

## APPLICATION FOR BOARD APPROVED LPC, LMFT AND LSATP SUPERVISOR

A fee is not required for this approval process. The application must be completed in full and submitted with the required documentation. If a section does not apply, write "N/A". **Please print or type.**

To remain on the registry, you must maintain an active, unrestricted license with the Board. The Board of Counseling may request updated information periodically, in order to maintain an active public registry. Please note that your public address will be posted on the registry for public use.

**This application allows the Board to review and approve your credentials to provide supervision. Supervision may not begin until you have an established supervisory contract signed by you and the resident. (Residents applying for initial supervision approval must be Board approved prior to counting hours toward licensure. Add/change of worksite and/or supervisor does not need to be pre-approved by the Board but the resident must have an executed supervisory contract between the supervisor and resident in place before counting hours toward licensure.) Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of Board-approved supervision**

PLEASE TYPE OR PRINT CLEARLY	
Name of Supervisor (Last, First, Middle)	
License Type(s):	License Number(s):
Email Address:	Contact Phone Number:

Supervisor Requirements to supervise RESIDENTS IN COUNSELING for <u>LPC</u> licensure	
Do you hold an active, unrestricted license as a professional counselor (LPC) or marriage and family therapist (LMFT) in Commonwealth of Virginia?	Yes      No
Do you have two (2) years of <b>post-licensure</b> clinical experience? If a portion of your post-license experience was in another state, please indicate the number of years you held LPC or LMFT licensure in another jurisdiction?	Yes      No _____
Have you received professional training in supervision, consisting of three credit hours, or 4.0 quarter hours in graduate-level coursework in supervision, or at least <u>20 hours of continuing education</u> in supervision offered by a provider approved under Regulations 18VAC115-20-106?  <b>Please provide a copy of your official transcripts showing credit hours earned or certificate(s) of participation.</b>	Yes      No

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<b>Supervisor Requirements to supervise RESIDENTS IN MARRIAGE AND FAMILY THERAPY for LMFT licensure</b>	
Do you hold an active, unrestricted license as a marriage and family therapist (LMFT) or a professional counselor (LPC) in Commonwealth of Virginia?	Yes      No
Do you have two (2) years of <b>post-licensure</b> marriage and family therapy experience?  If a portion of your post-license experience was in another state, please indicate the number of years you held LMFT or LPC licensure in another jurisdiction?	Yes      No  _____
Have you received professional training in supervision, consisting of three credit hours, or 4.0 quarter hours in graduate-level coursework in supervision, or at least <u>20 hours of continuing education</u> in supervision offered by a provider approved under Regulations 18VAC115-50-96?  <b>Please provide a copy of your official transcripts showing credit hours earned or certificate(s) of participation.</b>	Yes      No

<b>Supervisor Requirements to supervise RESIDENTS IN SUBSTANCE ABUSE TREATMENT PRACTITIONERS for LSATP licensure</b>	
Do you hold an active, unrestricted license as a professional counselor (LPC) or substance abuse treatment practitioner (LSATP) in Commonwealth of Virginia?	Yes      No
Do you have two (2) years of <b>post-licensure</b> substance abuse treatment experience?  If a portion of your post-license experience was in another state, please indicate the number of years you held LPC or LSATP licensure in another jurisdiction?	Yes      No  _____
Do you have at least <u>100 hours of didactic instruction</u> in substance abuse treatment? <b>Please provide a copy of your official transcripts showing credit hours earned in substance abuse treatment or certificate(s) of participation in substance abuse treatment.</b>	Yes      No
Have you received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least <u>20 hours of continuing education in supervision</u> offered by a provider approved under 18VAC115-60-116? <b>Please provide a copy of your official transcripts showing credit hours earned or certificate(s) of participation.</b>	Yes      No

I attest that the information contained within the application is true and accurate to the best of my knowledge and belief.

Supervisor Signature:	Date:
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