



VERIFICATION OF SUPERVISION FOR LPC LICENSURE – Page 1

GENERAL INFORMATION - PLEASE TYPE OR PRINT CLEARLY			
NAME OF APPLICANT (LAST, FIRST)		APPLICANT'S EMAIL ADDRESS	
SUPERVISOR'S EVALUATION:			
SUPERVISOR'S NAME (LAST, FIRST)	LICENSE NUMBER:	LICENSE TYPE:	SUPERVISOR'S TELEPHONE NUMBER
BUSINESS NAME(S) OF RESIDENCY WORK SITE(S) WHERE CLINICAL HOURS WERE OBTAINED	ADDRESS OF RESIDENCY WORK SITE WHERE CLINICAL HOURS WERE OBTAINED		
_____	_____		
_____	_____		
_____	_____		
Dates of supervision: From (mm/dd/yy): _____ To (mm/dd/yy): _____ Total Months: _____			
Under your direct supervision , did the resident receive a minimum of one (1) hour and a maximum of four (4) hours of in-person supervision per 40 hours of work experience and was the supervision concurrent with the residency?			<input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain on separate page
Was a signed supervisory contract in effect before counting hours toward licensure?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Total amount of in-person hours of supervision with the resident.		Individual Hours:	Group Hours:
How many total supervised residency hours, in the role of a professional counselor working with various populations, clinical problems and theoretical approaches did the resident provide under your direct supervision ? (Do not include hours obtained under another supervisor) (Total residency = ancillary + face-to-face client contact)			_____ hours
How many total hours of face-to face client contact, in providing clinical counseling services, did the resident provide while under your direct supervision ? (Do not include hours obtained under another supervisor)			_____ hours
Did the applicant demonstrate minimum competencies of assessment and diagnosis using psychotherapy techniques while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies of appraisal, evaluation and diagnostic procedures while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies of treatment planning and implementation while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies of case management and recordkeeping while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies of professional counselor identity and function while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies professional ethics and standards of practice while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No

