

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

1100 West 49th Street
#ZZ115
Austin, Texas 78756-3183
#155
(512) 834-6658

Budget

Fund

This form may be used either to: (1) document hours accrued by a previous supervisor or (2) document the completion of the required 3,000 hours of supervised experience. If you have completed the 3,000 hours you may submit this form along with the 2-year licensure fee of \$106.00 to the above address. Once approved and the exam has been passed, you will be issued your license as a professional counselor. You will be notified in writing of any deficiencies. **DO NOT SEND A NEW APPLICATION WITH THIS FORM THIS WILL DELAY THE PROCESSING OF YOUR FILE.**

SUPERVISED EXPERIENCE DOCUMENTATION FORM
For Persons Documenting Supervised Experience Hours for Licensure
as a Professional Counselor

Name of Applicant:

(Last) (First) (Middle)

Mailing Address: Street _____ City _____ State _____ Zip _____

Applicant's Social Security Number: _____ - _____ - _____ Temp. Lic. #: _____

Name and address of agency or organization where the applicant gained required supervised experience (must submit an experience form for each supervisor and/or site):

Inclusive dates of applicant's supervised counseling experience. Document only experience occurring after the issuance of the temporary license and the approval by the board of your LPC supervisor as stated on the Supervisor Agreement form.

Date of Supervision from: (mm/dd/yy): _____ To: (mm/dd/yy): _____

A) Total number of clock-hours of indirect counseling experience: _____

B) Total number of clock-hours of direct client counseling contact: _____

C) Total number of clock-hours (A +B) of supervised experience: _____

Employment setting: Hospital: ____ School: ____ Governmental Agency: ____ Nonprofit Organization: ____

Private Practice: ____ Other (specify): ____

Did you provide supervision for the applicant during the dates of experience claimed above? Yes: ____ No: ____



Do you and the supervisee have a written agreement for supervision on file with the board? Yes: ___ No: ___

Did your supervision meet the requirements set out in Board rules §681.92 and §681.93, including at least one hour per week of face-to-face supervision? Yes: ___ No: ___

Do you hold licensure as a professional counselor? Yes: ___ No: ___

License No: _____ State: _____ Date License Issued: _____ Expiration Date: _____

Do you hold state licensure in another mental health profession? No: _____ Yes: _____ If yes, check appropriate category(acceptable only if supervision began before 9/1/03):

Licensed psychologist: _____ board certified psychiatrist: _____ LMSW/ACP: _____

Licensed marriage and family therapist: _____ registered art therapist: _____

Date Licensed Issued: _____ License No: _____ State: _____ Expiration Date: _____

As supervisor of the applicant's counseling experience, do you have any reservations about the applicant's being granted a license for the independent practice of counseling? Yes: ___ No: ___ If yes, please specify

I, as supervisor of the above-named applicant's experience, affirm that the information provided on this form is true and accurate.

(Name)

(Address)

(City)

(State)

(Zip)

(Phone)

(Signature)

(Date)

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

