

## **INSTRUCTIONS APPLICATION FOR LICENSURE SUPERVISOR**

Prior to completing the application please visit the committee's website at [pr.mo.gov/counselors](http://pr.mo.gov/counselors) and click on the icons Regulations and Chapter 2. Scroll to the sections of the regulation 2.020 and 2.021 regarding the supervision requirements for counselors in training, provisional licensed professional counselors, and supervisors.

All sections of the application for a licensure supervisor must be completed. If additional space for a response is necessary, please include the information on a separate sheet of paper and attach to the application. Forms need to be complete in **black ink or type face**. Failure to complete the application will result in a delay in reviewing the application by the Committee.

### **SECTION I – SUPERVISOR INFORMATION**

Items 1, 2 & 3 - Enter last name, first name, middle initial and email address as well mailing address in the designated sections. Item 4 - If the applicant knows the name of the person s/he will be supervising for licensure, please list the name of the supervisee, last name, first name and middle initial. NOTE: The name of the supervisee is not required.

### **SECTION II – LICENSURE INFORMATION**

Item 5 – **A supervisor must be licensed for at least two (2) years.** Temporary or provisional licensure is not applicable to the minimum two (2) year requirement. Check all licenses that are applicable, both current and expired. If the original issue date is not known, please leave blank and committee staff will verify original issue date. If the applicant is/was licensed in another state, whether that license is current or expired, please list information in item 5a.

### **SECTION III – EXPERIENCE IN PROVIDING COUNSELING**

Provide a brief overview of counseling or counseling related experience to include population served. Examples of population include children, adolescents, or adults. Examples of services include assessment, school counseling, group therapy, and addictions counseling.

### **SECTION IV – EDUCATION, TRAINING or EXPERIENCE IN SUPERVISION**

If an applicant has had education or training in supervision of mental health practitioners, verification of education is a transcript documenting graduate education. A seminar or workshop is verified with a copy of the certificate or letter from the seminar provider/sponsor. If the applicant is applying based upon work experience, the applicant must describe supervisory duties. Example: supervising practicum or internship students or allied mental health practitioners.

*The committee will review the application and applicable documentation and the results of the review will be sent to the applicant in writing.*



**Missouri Department of Economic Development**  
Missouri Division of Professional Registration

COMMITTEE FOR PROFESSIONAL COUNSELORS  
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**APPLICATION FOR PROFESSIONAL COUNSELOR SUPERVISOR**

**INSTRUCTIONS:**

- Supervisor must complete ALL sections. If additional space is needed, please attach a separate sheet.
- A copy of a recent resume or vitae documenting supervision experience can be attached to the form.
- Mail completed application and documentation to: COMMITTEE FOR PROFESSIONAL COUNSELORS

**SECTION I – SUPERVISOR INFORMATION**

<b>1. Supervisor Name (Last, First, Middle, Maiden)</b>	<b>2. Email</b>
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**3. Mailing Address (Street, City, State, Zip Code)**

**4. Name of Person to be Supervised for Licensure** (If applicable. Please list last name, first name, middle initial)

**SECTION II – LICENSURE INFORMATION**

5. Check all that apply. See Code of State Regulation 20 CSR 2095-2.021 (1) and (2)(B)

\_\_\_\_\_ Licensed Professional Counselor      State \_\_\_\_\_      Original Issue Date \_\_\_\_\_      License # \_\_\_\_\_

\_\_\_\_\_ Licensed Psychologist      State \_\_\_\_\_      Original Issue Date \_\_\_\_\_      License # \_\_\_\_\_

\_\_\_\_\_ Licensed Psychiatrist      State \_\_\_\_\_      Original Issue Date \_\_\_\_\_      License # \_\_\_\_\_

5a. If licensed in another state, please indicate state, license number, and status of license.

\_\_\_\_\_ State      \_\_\_\_\_ License number      \_\_\_\_\_ Status

**SECTION III – EXPERIENCE IN PROVIDING COUNSELING**

*Briefly describe experience in providing counseling. Include population served and services provided. See instructions*

**SECTION IV – EDUCATION, TRAINING OR EXPERIENCE IN SUPERVISION**

*Briefly describe training received in supervising counselors or other allied mental health providers/professional. See instructions*