

INSTRUCTIONS CHANGE OF SUPERVISOR AND/OR SITE

In order to assure all sections are accurate, the applicant and supervisor are encouraged to work together on completing the Change of Supervisor and/or Site form. Section IV of the form must be discussed and agreed upon by both the supervisor and applicant. All sections of must be completed, unless otherwise noted. If additional space is necessary, please include the detail on an additional sheet of paper. Failure to complete the application or include the \$25 fee will result in a delay in reviewing the application by the Committee.

SECTION I - APPLICANT DATA

Section I must be completed by the **applicant** for supervision as it relates to personal data.

SECTION II - SUPERVISOR DATA

Section II provides information regarding the licensure supervisor. This section **must** be completed by the supervisor. If the supervisor is not employed at the supervision site listed in **Section III-Supervised Practice Site**, a contract affiliating the supervisor to the site must be submitted to the Committee. A model contract is available by contacting the committee office.

SECTION III - SUPERVISED PRACTICE SITE

Section III provides information regarding the location where clients will receive counseling. NOTE: If the supervision site is a private practice, numbers 18 and 19 **must** be completed.

SECTION IV - NATURE OF SUPERVISION

Section IV must be completed by the applicant and reviewed by the licensure supervisor. This section identifies clients that will receive counseling from the applicant, counseling related duties performed by the applicant, and how the supervisor will oversee the progress of the applicant. Please check all boxes applicable within number 23 of this section. *NOTE: An applicant must be counseling or providing counseling duties a minimum of fifteen (15) hours a week.*

SECTION V - STATEMENT OF EMPLOYER

Section V must be signed and dated by a representative of the supervision site when both the supervisor and applicant are employed at the site. A human resource or personnel representative, clinic director etc. may sign this section. If the applicant is obtaining supervision from someone not employed at this setting, please skip Section V and complete a contract affiliating the supervisor to the setting. A model contract is available by contacting the committee office.

SECTION VI – APPLICANT HISTORY

Section VII relates to the applicant's background. If "yes" is marked for any of the answers, the applicant must submit an explanation in writing on a separate sheet of paper with the signature notarized. If this information has been disclosed previously, the applicant must note when the information was disclosed to the committee.

SECTION VII – STATEMENT OF APPLICANT

Signing and dating this form confirms that the applicant understands the law and regulations concerning the supervision process.

SECTION VIII – STATEMENT OF SUPERVISOR

Signing and dating this form confirms that the supervisor understands the law and regulations regarding the supervision process.

INSTRUCTIONS

VERIFICATION OF POST-DEGREE COUNSELING EXPERIENCE

All sections of the Verification form must be completed, unless otherwise noted. If additional space is required, please include the information on an additional sheet of paper. A Verification of Post Degree Counseling Experience form is required for each supervisor. This form documents supervised counseling experience that occurred after a master's degree has been conferred. Do not list practicum, internship, or field experience obtained as part of the course of study within a master's degree. Failure to complete this form may result in a delay in reviewing the application for licensure. If you are applying based upon a specialist or doctoral degree see *Special Note* on page 2 of these instructions.

SECTION I – APPLICANT DATA

Section I must be completed by the applicant for licensure as it relates to personal data. The applicant must complete this section and give/send this form to the licensure supervisor with a copy of these instructions.

SECTION II – SUPERVISOR SECTION (Must be completed by the licensure supervisor)

Section II relates to the supervised counseling experience. With a master's degree the applicant is required to complete 3,000 hours AND 24 months of supervised counseling experience.

Number 9. Enter the name of the location/business/agency the applicant provided counseling. In *Date from (Month/Yr)* enter the month and year supervision was approved by the Committee and in *Date To (Month/Yr)* enter the month and year supervision was completed. If supervision is being submitted from another state, enter the date supervision was effective and ended in that state. NOTE: An applicant must remain under supervision until licensed as a professional counselor.

Computing hours for 9A and 9B.

- i. Determine start and end dates of the supervision and the number of weeks comprising that time period. If supervised in Missouri, the applicant and supervisor should have a letter from the Committee indicating the effective date of licensure supervision.
For ease of calculation all months have four weeks.
- ii. Determine number of hours per week applicant was involved in direct client contact and counseling related activities.
- iii. Multiply the number of weeks by the number of hours per week to obtain total hours of direct client contact and total hours of counseling experience.

Example: Applicant is approved for supervision effective January 1, 2005 and changes supervisors on July 1, 2005. On the average the applicant was engaged in direct client contact twenty hours per week within a forty hour work week.

Direct client contact hours for 6 months = 24 weeks (6x4) x 20 hours per week = 480 hours of direct client contact.

Total hours for 6 months = 24 weeks (6x4) x 40 hours per week = 960 hours

If supervision is discontinued due to the applicant's illness, family situation etc. the supervisor must adjust the number of weeks and corresponding hours.

9A. Enter the number of hours of direct client contact. Direct client contact is defined as face-to-face counseling provided to an individual or group of individuals.

9B. Enter the total number of hours (includes direct client contact) the applicant was engaged in counseling or counseling related duties. This does not include travel time to a work site or supervisor's office.

If supervision was registered and approved by the Committee prior to June 30, 2005 face-to-face supervisory meetings were required once a week for one hour. If group supervision was provided the hours count toward the total hours of counseling experience.

Effective June 30, 2005 supervision registered and approved by the committee can include up to 50% group supervision.

9C. If “No” is checked, please provide an explanation on a separate sheet of paper and attach the sheet to the form.

If “Yes” is checked the supervisor must provide a breakdown of the percentage of time spent in individual versus group supervision. As of June 30, 2005 supervision registered and approved by the committee must consist of at least 50% one hour, face-to-face individual meetings with the applicant per week. The remaining supervisory meetings can be a combination of individual and/or group supervision. Group supervision is defined as supervisory meetings with no more than three counselors-in-training or provisional licensed professional counselors.

Number 10. This section provides an overview of the types of counseling services provided by the applicant. If a job responsibility/duty is not on this list please list any other duties in the “Other” category or attach a separate sheet of paper describing those duties.

Number 11. If the supervisor was unable to sign the applicant's reports, treatment plans, case notes etc. a brief explanation is needed on how the supervisor and applicant documented review of records and tracked client or group progress.

Number 12 & 13. This section relates to the overall performance of the applicant. If a supervisor has reservations regarding applicant, a separate letter must be attached to this form explaining the supervisor's concerns.

SECTION III – SUPERVISOR ATTESTATION

The supervisor must read the statement and sign the form. Signing and dating this form verifies that the supervisor has completed the form to best of her/his knowledge and recollection.

Special Note: Individuals applying based upon a specialist or doctoral degree and completing an internship in another state may submit those hours to the committee to determine if such hours can be counted toward licensure. Please contact the committee for more details.

AGREEMENT TO PROVIDE SUPERVISED COUNSELING EXPERIENCE

This agreement was made and entered into this _____ day of _____ (month), 200____, by and between _____ (Applicant Name) (hereinafter Applicant) and _____ (Licensure Supervisor Name) Supervisor) and _____ (Facility Name) (hereinafter Facility).

WITNESSETH:

WHEREAS, Applicant has applied or intends to apply for licensure as a professional counselor pursuant to Section 337.510, RSMo, and in connection with said application, Applicant must practice professional counseling under the supervision of an acceptable supervisor, as approved by the Committee for Professional Counselors, with a minimum acceptable supervised experience of 3,000 hours pursuant to 4 CSR 95-2.021; and

WHEREAS, Supervisor is willing to provide supervision of Applicant in connection with the supervised counseling experience required in connection with Applicant's application for licensure as a professional counselor and Supervisor is an acceptable Supervisor as approved by the Committee for Professional Counselors, and

WHEREAS, the facility has an interest in Applicant obtaining his/her license as a professional counselor and is, therefore, willing to assist and cooperate in Applicant's completion of requirements for said licensure.

Now, therefore, the parties agree as follows:

1. Applicant will practice professional counseling in accordance with the requirements of 4 CSR 95-2.020 and 2.021 in order to obtain the required supervised counseling experience in connection with the application for licensure as a professional counselor pursuant to 337.510, RSMo.

2. Supervisor will provide supervision as required pursuant to 4 CSR 95-2.020 and 2.021 for Applicant to satisfy the minimum acceptable supervised experience in connection with the application for licensure as a professional counselor in accordance with Section 337.510, RSMo.

3. The facility will allow Supervisor access to records and/or files of clients/patients receiving counseling from the Applicant in accordance applicable laws and regulations regarding client/patient confidentiality.
4. Supervisor will maintain the confidentiality of any records, files, or discussions regarding clients/patients receiving counseling from the Applicant and will not utilize any information contained therein for any purpose other than the proper supervision of Applicant as required by 4 CSR 95-2.020 and 2.021.
5. This agreement shall terminate when the applicant is licensed as a professional counselor (LPC) or upon written notification by any party to the other parties to this agreement.

Applicant Signature Date

Supervisor Signature Date

Supervisor's License Number

Facility Name

BY _____
Facility Representative Date

This contract shall be maintained as part of the registration of supervision application.