INSTRUCTIONS
APPLICATION FOR LICENSURE SUPERVISOR

Prior to completing the application please visit the committee's website at 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
20 CSR 2095-2.021 (2) In order to provide supervision for a counselor-in-training or a provisional licensed professional counselor, a registered supervisor shall document the following:

(A) Licensure as a professional counselor, psychologist, or psychiatrist. For the purpose of this regulation, an inactive, provisional, expired, temporary, retired, probated, or suspended license shall not meet this requirement;

(B) A minimum of two (2) years experience as a licensed professional counselor, licensed psychologist, or psychiatrist in providing counseling pursuant to section 337.500(6) and (7), RSMo; and

(C) Training and experience in counseling and in supervisory activities involving counseling with a resume or vitae detailing course work, workshops, supervision training, and experience as a supervisor of professional counselors or other mental health disciplines

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

COMMITTEE FOR PROFESSIONAL COUNSELORS
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FAX: (573) 751-0735
Email: profcounselor@pr.mo.gov

APPLICATION FOR PROFESSIONAL COUNSELOR SUPERVISOR

INSTRUCTIONS:

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

SECTION I – SUPERVISOR INFORMATION

1. Supervisor Name (Last, First, Middle, Maiden)

2. Email

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