

Post-Graduate Supervised Experience Form

Applicants: The Supervisor must complete this form and send it directly to the DC Board of Professional Counseling via email (dclpc@dc.gov). The hours listed under the calculation form should match the hours listed on this form.

Only a supervisor can complete this form, when the applicant’s supervision ends.

Name of the supervisee/applicant: _____

TO BE COMPLETED BY THE SUPERVISOR
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Name of Supervisor: _____

State of Licensure: _____ Date License Issued: _____ Date of Expiration: _____
License Number: _____ License Type: _____

Supervision Site

Name of Agency: _____

Address: _____ City _____ State _____ Zip Code: _____

Dates of supervision: From _____ to _____ = **Total number of weeks** _____
(Month/Year) (Month/Year)

Full Time _____ Part Time _____

- *General supervision:** Number of hours **per week spent:** _____
{Counts toward immediate supervision}
- **Immediate supervision:** Number of hours **per week spent:** _____
- Group supervision:** Number of hours **per week spent:** _____
{Counts toward immediate supervision}
- *** Total Number of hours the supervisee worked per week** {under your personal supervision}: _____

*****Note:** General supervision + Immediate supervision + Group supervision = Number of hours supervisee worked per week
(For Example: 0 + 1+ 29= 30 total number of hours supervisee worked per week)
(Please make sure that you list the “per week” hours. The hours per week must be calculated correctly)

***General supervision** – supervision in which the supervisor is available to the person supervised, either in person or by a communications device. **(3300 hours required)**

****Immediate supervision** – supervision in which the supervisor is physically present with the person supervised and either discussing or observing the person’s practice. **(200 hours required, at least 100 under a licensed professional counselor)**

SUPERVISED EXPERIENCE FORM – CONTINUED

In your opinion, has the applicant demonstrated competency in the practice of counseling sufficient for licensure and the independent practice of counseling? YES ___ NO ___

If you answered “NO” please elaborate and use additional explanation letter attached to this form, if needed.

Supervision requirements must be in one or more supervisory experiences during work. Please place an “X” in the column that represents your evaluation of the applicant’s competencies.

YES = The applicant has satisfactorily demonstrated competencies in this area

NO = Additional work is required to achieve competency **DNI** = Supervision did not include this area

COUNSELING AND PSYCHOTHERAPY TECHNIQUES	YES	NO	DNI
Conceptualizes and implements counseling practice from a working theoretical base and can articulate that theoretical foundation.			
Demonstrates a working knowledge and flexibility with different theories and techniques in working with a variety of:			
A. Clinical Problems (Specify)			
B. Populations (Specify)			
C. Unique aspects of clients – including culture, gender, sexual orientation, disability and developmental concerns (Specify)			
APPRAISAL, EVALUATION AND DIAGNOSTIC PROCEDURES	YES	NO	DNI
Demonstrates an ability to diagnose client’s problems using appropriate methods (DSM-IV) and can justify the diagnosis based on case information.			
Uses appropriate instruments and clinical data to appraise client behavior.			
TREATMENT PLANNING & IMPLEMENTATION	YES	NO	DNI
Demonstrates an ability to develop and implement an appropriate treatment plan consistent with the diagnosis.			
CASE MANAGEMENT & RECORD KEEPING	YES	NO	DNI
Maintains appropriate clinical records and client data.			
Understands circumstances under which various records can be released.			
PROFESSIONAL IDENTITY & FUNCTION	YES	NO	DNI
Uses supervision and shows continuing development of counseling skills.			
Demonstrates knowledge of strengths and limitations of a LPC and the distinctive contributions of other mental health and health professionals.			
Makes appropriate referrals to other health providers and resources in the community.			
Handles appropriately, or knows how to handle, psychiatric emergencies.			
PROFESSIONAL ETHICS & STANDARDS OF PRACTICE	YES	NO	DNI
Understands and has discussed ethical issues concerning dual relationships.			
Knows the laws related to a counselor’s duty in life-threatening situations, child & physical abuse, etc.			
Understands and has discussed the ethics of confidentiality and other legal and ethical issues.			

I certify that the above information is true to the best of my knowledge and that I will be willing to interpret or substantiate the information provided should the Board of Professional Counseling need clarification at a later date.

Signature of Supervisor: _____ Date: _____

Supervisor’s Email: _____ Supervisor’s Telephone: _____