



5. **For Supervisors** : If you are verifying the applicant’s counseling experience under your supervision, please complete this section. (Supervisors for Post-Masters level work must be Licensed Professional Counselors or other licensed mental health professionals approved by the Board. Post-Masters supervision by non-licensed persons will not be considered.)

I verify that the applicant was a counselor student counselor under my supervision at (name of agency or institution) \_\_\_\_\_ during the period from \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ hours of counseling/counseling-related experience. \_\_\_\_\_ **INITIAL (Required)**

During this period of time, I provided the applicant with \_\_\_\_\_ hours of Individual Supervision and \_\_\_\_\_ hours of Group Supervision, during which I critiqued the applicant’s counseling and counseling-related skills based on my direct observation or on audio-tapes, video-tapes, or verbatim transcripts of the applicant’s counseling sessions. \_\_\_\_\_ **INITIAL (Required)**

I verify that this supervision has met the Board rule of a minimum of one hour of face-to-face professional supervision for every 40 hours of counseling/counseling-related experience. \_\_\_\_\_ **INITIAL (Required)**

6. **Recommendation:** I recommend do not recommend this applicant for licensure as a North Carolina Licensed Professional Counselor. \_\_\_\_\_ **INITIAL (Required)**

Additional Comments: \_\_\_\_\_  
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The above information is based on my best judgment. I am willing to answer additional questions concerning this reference and/or verification of supervision if the Board deems it necessary.

\_\_\_\_\_  
(Signature of reference/supervisor)

\_\_\_\_\_  
(Date)

After completing this form, please enclose it in a **sealed envelope, sign across the sealed flap, and return** it either to the applicant or the NC Board of Licensed Professional Counselors. If you are returning this form directly to the Board, please inform the applicant, so as not to hold up the licensure process.