

North Carolina Board of Licensed Professional Counselors

P.O. Box 1369, Garner, NC 27529

Phone 919.661.0820 Fax 919.779.5642

www.ncblpc.org

Supervision Monitoring Form: Quarterly Report

____ 1st Quarter Report

____ 2nd Quarter Report

____ 3rd Quarter Report

____ 4th Quarter Report

(please indicate appropriate reporting period dates below)

Name of Supervisor _____

Name of Supervisee _____

This is to certify that I, the above named supervisor, provided clinical supervision as defined by the NCBLPC (see below) for the above named supervisee for the period beginning on _____(mth/date/yr) to _____(mth/date/yr).

Clinical supervision is defined by the Board as face-to-face contact between supervisee and supervisor during which the supervisee's counseling practice is discussed and critiqued. The discussion and critique must be based on live observations, video-tapes, audio-tapes, or verbatim transcripts of actual counseling sessions by the supervisee. Supervisee self-reports and process (case) notes may be used to supplement the more direct forms and records of the supervisee's counseling sessions, but may not be used exclusively in lieu of them. Group supervision (no more than ten supervisees per group) may be used in addition to individual supervision, but at least three quarters of the total time spent in supervision must be individual supervision. Supervision must occur at a rate of at least one hour of supervision per forty (40) hours of counseling practice. (For example, if a supervised counselor is employed for 40 hours a week as a counselor, at least one hour of supervision per week is required.)

During the period of supervision indicated above, the supervisee was in the practice of counseling for a total of _____ hours and I provided _____ hours of individual clinical supervision and _____ hours of group clinical supervision (must be at least 1 hour for every 40 worked). Supervision was based on the following forms of observation of the supervisee's counseling practice (check all that apply):

____ Live Observations

____ Video-Tape

____ Verbatim Transcripts

____ Audio-Tapes

By signing this form I verify that I have met the NCBLPC requirement of providing one hour of face-to-face supervision for every 40 hours of work by the applicant.

Signature of supervisor _____ Date _____

Supervisor's phone # _____

(revised September 2005)

Mail completed form by appropriate deadline to:
NCBLPC, P.O. Box 1369, Garner, NC 27529