



**5. For Supervisors:** If you are verifying the applicant's counseling experience under your supervision, please complete this section. All supervisors who are not Counselor Educators must meet the Board's requirements in order for supervised practice hours to be counted. Supervisors must be licensed in a mental health field as approved by the Board and have a minimum of five years counseling experience that includes two years of licensed experience.

A. 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 and counseling-related work experience. \_\_\_\_\_ **INITIAL (Required)**

B. 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 one or more of the following forms of observation of the supervisee's counseling practice (check all that apply):

- Direct observation Audio-tapes Video-tapes Verbatim transcripts

*NOTE: 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.*

\_\_\_\_\_ **INITIAL (Required)**

C. 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 work 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, to avoid delaying the licensure process.