

**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](http://www.ncblpc.org)

**Supervision Monitoring Form: Quarterly Report**

\_\_\_\_ 1st Quarter Report

\_\_\_\_ 2nd Quarter Report

\_\_\_\_ 3rd Quarter Report

\_\_\_\_ 4th Quarter Report

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 2006)

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