

**North Carolina Board of Licensed Professional Counselors**  
**PO Box 1369**  
**Garner, NC 27529**  
**(919) 661-0820 Phone (919) 779-5642 Fax**  
**www.ncblpc.org**

---

**Verification of Arrangements for Clinical Supervision**

Applicant (please print): \_\_\_\_\_

I have applied for licensure by the North Carolina Board of Licensed Professional Counselors and am required to make arrangements for Board approved supervision of my counseling practice in order to become Board Eligible. Please complete the supervision verification information below and mail to the NCBLPC. My application cannot be processed without this form.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Supervisor Verification Information** (to be completed by supervisor)

This is to verify that \_\_\_\_\_ (applicant) has arranged for clinical supervision by me to complete supervision requirements for licensure as determined by the Board. I agree to provide clinical supervision as defined by the Board (see below) and to file quarterly reports to the board on monitoring forms to be furnished to me by the Board.

*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 conducted 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 10 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 the 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 clinical supervision is required.) Applicants must also work a minimum of eight hours per week.*

**Supervisor Information**

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Graduate Degrees held (with areas included) \_\_\_\_\_

\_\_\_\_\_

Counseling or Counseling-related credential or licenses held (***list each credential with State, License #, and Date of Issuance***): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employed by \_\_\_\_\_ Position/Title \_\_\_\_\_

Years of experience in Counseling \_\_\_\_\_

**Note to Supervisors: The Board requires that all supervisors must have a minimum of five years counseling experience with a minimum of two years licensed experience.**

Have you ever supervised LPC Candidates? yes no

Have you ever supervised Counseling or other Mental Health practitioners? yes no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your training in clinical supervision: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information presented on this form is accurate to the best of my knowledge:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

Revised 08/06