

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS
Supervised Experience Documentation Form**



SUPERVISED EXPERIENCE DOCUMENTATION

You must submit one Supervised Experience Documentation for each Supervisor.

This form is to document post-graduate supervised hours earned under a temporary license (LPC Associate) to upgrade to full licensure or to document hours earned in another state. You will be notified in writing of any deficiencies. The 3,000 (1500 direct) hours may not be earned in less than 18 months.

TO BE COMPLETED BY ASSOCIATE

Associate's Name _____
(Last) (First) (Middle)

Associate's Last 4 Social Security # _____ Associate License # _____

By signing below, I affirm that I have read, understood, and agree to abide by the laws (TAC 22 Ch 681) and regulations (TOC Ch 503) pertaining to the practice of professional counseling in the state of Texas. I declare and affirm that the statements made on this form and any accompanying statements and documents are true, complete, and correct. I understand that any false or misleading information in, or in connection with this application may be cause for denial or loss of licensure.

(Associate's/Applicant's Signature)

(Date – MM/DD/YYYY)

TO BE COMPLETED BY BOARD APPROVED SUPERVISOR ONLY

SECTION A	Supervisor's Name _____ (First) (Middle) (Last) Supervisor's LPC-S License # _____ State _____ Date Issued _____ Expiration Date _____ (MM/DD/YYYY) (MM/DD/YYYY) Email Address _____ Phone #: _____						
SECTION B	<p>**If hours were earned in a jurisdiction other than Texas, please include a copy of the supervisor's credentials including official verification of out of state supervisors license with this form.</p> <p>1. Please list the number of months the Associate was under your supervision: _____</p> <p>2. Please list the hours of supervision provided to the Associate: _____</p> <p>3. Please list the hours of supervised experience accrued:</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">I. Direct counseling hours</td> <td style="width: 100px;"></td> </tr> <tr> <td style="padding: 2px;">II. Indirect counseling hours</td> <td></td> </tr> <tr> <td style="padding: 2px;">Total supervised experience hours (Row I + Row II above.)</td> <td></td> </tr> </table>	I. Direct counseling hours		II. Indirect counseling hours		Total supervised experience hours (Row I + Row II above.)	
I. Direct counseling hours							
II. Indirect counseling hours							
Total supervised experience hours (Row I + Row II above.)							

Applicant Name: _____

TO BE COMPLETED BY BOARD APPROVED SUPERVISOR ONLY

SECTION C

As supervisor, do you recommend — without any reservation — this applicant for licensure to practice independent counseling?

Yes _____ No _____

If NO, please summarize (below) and submit the following documents with this form:

1. A copy of your written record of “any concerns the supervisor discussed with the LPC Associate” as required by §681.93(a)(1)(F);
2. A copy of your “written plan for remediation” as required by §681.93(e); and
3. Copies of any Supervision Notes related to your reservation, concerns, or remedial plan.

Summary:

I, as supervisor of the above-named Associate’s/applicant’s experience, certify it transpired in accordance with all laws and rules governing the practice of professional counseling and supervision of LPC Associates, I declare and affirm that the statements made on this form and any accompanying statements and documents are true, complete, and correct.

(Supervisor’s Signature)

Date (MM/DD/YYYY)

Mail to: TBHEC, Ste. 7.00, 1801 Congress, Austin, TX 78701