



TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

Supervised Experience Documentation Form

For Texas LPC Associates and Applicants Licensed in Other Jurisdictions

Verification of Supervised Post-Graduate Clinical Experience

Associate Name: _____

Last 4 of Social Security #: _____ Associate License #: _____

By signing, I confirm that I understand and will follow Texas counseling laws, that all information provided is true and complete, and that I understand false or misleading information may result in denial or loss of licensure.

Associate Signature: _____ Date: _____

Supervisor Name: _____ Email: _____

Table with 3 columns: Supervisor License Type, Jurisdiction, Supervisor License/ Registration Number

Supervisors licensed in another jurisdiction MUST provide verification of their license.

(To be completed by the supervisor who supervised the applicant's hours.)

A. SUPERVISED CLINICAL EXPERIENCE

By initialing below, I acknowledge that I am aware of and understand the requirements of Board rule, 22 Texas Administrative Code §681.92.

_____ An LPC Associate must complete 3,000 clock-hours under supervision.

_____ An LPC Associate must complete 1,500 clock-hours of direct client counseling contact under supervision.

_____ An LPC Associate may not complete the 3,000 clock-hours in fewer than 18 months.

_____ The experience must mainly involve providing direct counseling to clients using mental health and human development methods to support their overall well-being and life adjustment.

_____ An LPC Associate must receive direct supervision 4 hours per month in individual (up to two Associates) or group (three or more) while the Associate is engaged in counseling. No more than 50% of the total hours may be received in group supervision.

1. Supervision Hours: The Associate received _____ hours of individual and group supervision, with at least 4 hours per month.

2. Direct Client Contact Hours: The Associate provided _____ hours of face-to-face psychotherapy.

3. Indirect Experience Hours: The Associate completed _____ **hours** of indirect clinical experience.

4. Months of Supervision: The Associate completed _____ **months** of supervision with me. (Do not include time supervised by other supervisors. Round to whole months.)

B. SUPERVISOR RECOMMENDATION

Do you recommend this Associate for independent counseling licensure after completing all required experience hours? *Recommendations should be based on professional competence, ethical conduct, and readiness for independent practice—not on incomplete hours.* Yes No

- **If No**, please provide a detailed explanation and submit the following supporting documentation:
 1. Written records of any concerns discussed with the LPC Associate (**22 TAC §681.93(a)(1)(F)**)
 2. The written remediation plan (**22 TAC §681.93(e)**)
 3. Supervision notes relevant to the concerns and/or remediation process
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C. SUPERVISOR STATEMENT

I affirm that I have met all duties required of a qualified supervisor under Board Rule 22 TAC §681.93, during this Associate's supervision.

Supervisor Signature: _____ **Date:** _____

Form Submission Instructions:

- Supervisors: Submit the completed and signed form **within 30 days** of completing supervision to:

Counseling@bhec.texas.gov
- LPC Associates: Once all required supervised experience hours are completed, submit the required [Online Upgrade Application](#) to receive your LPC license.