

LPC SUPERVISION TRACKING FORM

APPLICANT NAME: _____

SUPERVISOR NAME (one supervisor per tracking form):

ORIGINALS MUST BE SUBMITTED WITH YOUR APPLICATION

Applicant must verify a minimum of 2,000 Direct and Counseling Related Hours and 100 Supervision Hours.
 Applicant must have Supervision Hours during the week that Direct or Counseling Related Hours are provided or those hours do not count.

At least two of the four Methods of Supervision must be used by the Supervisor. These include:

1. Present/Staff Cases
2. Audio/Video Tapes (review of licensee in a counseling session)
3. Direct Observation
4. Co-Counseling

Enter number(s) under Methods Section

Sup Dates	Brief Explanation of Services Provided	Methods	-Direct & Counseling Related-		-Supervision Hours-	
			Direct Hours	Counseling Related Hours	Sup Hrs Individual Face-Face	Sup Hrs Group or Tele/Video Conferencing
<i>List sup date by week</i>	<i>Provide a brief explanation of the services provided that were provided</i>	<i>Include at least 2 different methods in total hours</i>	<i>800 Hour Min</i>		<i>50 Hour Minimum</i>	

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HOUR TOTALS				
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I declare and affirm under the penalties of perjury that this LPC Tracking Form has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I understand that misstatement of material fact may result in denial of my application or may be considered as the basis for revocation of any license which may have been issued. I have no objection to inquiries being made for the purpose of verifying the information provided herein.

Applicant Signature

Date

Supervisor Signature

Date