

LPC SUPERVISION TRACKING FORM

APPLICANT NAME: Annette Counselor

SUPERVISOR NAME (one supervisor per tracking form): John Public

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.

Supervision Dates:	Brief Explanation of Services Provided:	Methods: 1. Present/Staff Cases 2. Audio/Video Tapes (Review of licensee in a counseling session) 3. Direct Observation 4. Co-Counseling	Direct Hours:	Counseling Related Hours:	Supervision Hours – Individual Face to Face:	Supervision Hours – Group or Tele/Video Conferencing:
<i>Please list supervision dates by week.</i>	<i>Please provide a brief explanation of the services that were provided.</i>	<i>Must include at least two different methods in total hours. Enter number for all that apply.</i>	<i>800 Hour Minimum</i>	<i>1,200 Hour Minimum</i>	<i>50 Hour Minimum</i>	<i>50 Hour Minimum</i>
4-1-19	Staffing of two client cases concerning trauma and depression	1	30	10	1	1
4-8-19	Staffing of three client cases; co-counseling with the supervisor for a client with severe depressive symptoms	1 and 4	15	19	2	
4-15-19	Supervisee Vacation		0		0	0
4-22-19	Supervisor critiqued a video session with me of a counseling session I had with a client having panic attacks.	2	16	13	2	
4-29-19	Staffing of three cases of client concerns; supervisor directly observed me in a counseling session with a client experiencing grief/ loss	1 and 3	15	25	2	

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		1. Present/Staff Cases 2. Audio/Video Tapes (Review of licensee in a counseling session) 3. Direct Observation 4. Co-Counseling Enter number for all that apply.				
5-13-19	Supervisor on vacation. Supervision was not rescheduled.		0	0	0	0
5-20-19	Supervisor and I co-counseled a new mother having postpartum depression.	3 and 4	10	15	2	
5-27-19	Supervisor critiqued a tape of a session I had done with a child being bullied at school.	2	12	20	1	
6-5-19	Supervisor observed me co-leading a support group for unemployed men.	3	6	10		2
6-12-19	Staffed six cases of clients with anxiety and depression issues	1	5	15	3	
6-19-19	Staff a case of a college student who was homesick. Supervisor co-counseled a man with suicidal thoughts	1, 3 and 4	10	20	2	
6/20/19-9/20/19	Maternity leave for supervisee		0	0	0	0
HOUR TOTALS:			119	147	15	3

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.

Annette Counselor 6/1/19
Applicant Signature Date

John Public 6/1/19
Supervisor Signature Date