



**South Carolina Department of Labor, Licensing and Regulation
 South Carolina Board of Examiners for Licensure of
 Professional Counselors, Marriage and Family
 Therapists, Addiction Counselors
 and Psycho-Educational Specialists**



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PLAN OF SUPERVISION FOR CANDIDATE OF LPC SUPERVISOR LICENSURE

Candidate's Name _____

Preferred Address _____

Daytime Telephone Number () _____

SC LPC License # _____ Expires _____

LPC SUPERVISOR INFORMATION

Supervisor's Name _____

Professional Mailing Address:

Agency or Institution _____

Street/P.O. Box _____

City _____ State _____ Zip _____

Professional Telephone Number () _____

SC LPC License # _____ Expires _____

SC LPC Supervisor License # _____ Expires _____

PLAN FOR SUPERVISION

I plan to supervise the counseling supervision of the above named candidate over a period of time to begin _____ (month/year) and will end on approximately _____ (month/year). During this period, we have agreed to meet _____ times per week for approximately _____ hours per meeting. I understand that, according to Board Regulations and policy, at least **36** contact hours must be in individual supervision of the candidate's supervision of at least two LPC Associates (i.e., not more than two supervisors present during the supervisory sessions). At the completion of my supervision of this candidate, I will confirm completion of the supervision requirements by a log of hours and by letter from me and will provide a recommendation regarding his/her appropriateness for supervisory licensure.

Signature of LPC Supervisor

Date

CANDIDATE'S AFFIRMATION

"I HEREBY AFFIRM TO THE FACT THAT ALL INFORMATION PROVIDED BY ME AND OTHERS IS TRUE."

Signature of Candidate

Date