



South Carolina LMFT Review Plan for Clinical Supervision of Post-Master's Clinical Experience

REQUIRED BY APPLICANTS FOR LMFT ASSOCIATE

1. Please print or type.
2. This form must be signed by the licensed MFT supervisor (supervisor candidate, if applicable) and the applicant. Original signatures are required on the third page of this form although the form itself may be photocopied for multiple supervisors. Please refer to www.llr.state.sc.us/pol/counselors for a current list of licensed marriage and family therapist supervisors.
3. It is the applicant's responsibility to return this form to CCE. Applications are considered incomplete without this form.
4. If you have already been approved for licensure or issued a license in South Carolina, this form and all documentation should be sent to the South Carolina Board of Professional Counselors, P.O. Box 11329, Columbia, SC 29211-1329

Applicant Name (last, first, middle initial): _____

Social Security Number: _____

I have applied for licensure by the South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors, and Psycho-Educational Specialists, and I am required to make arrangements for board-approved supervision of my marriage and family therapy practice in order to become board eligible.

Applicant's Signature

Date

Licensed Supervisor or Supervisor Candidate Verification Information

Check appropriate category: Supervisor Supervisor candidate

Supervisor's Name (last, first, middle initial): _____

Preferred Mailing Address: _____

City: _____ **State:** _____ **ZIP Code (+4):** _____

Daytime Telephone Number: _____

LMFT/S Name: _____
(If supervision is to be completed by a supervisor candidate, an LMFT/S must provide a license number)

LMFT/S License Number: _____ **LMFT/S License Expiration Date:** _____

As per Regulation 36-08(3), applicants for full licensure must submit evidence satisfactory to the board of a minimum of 1,500 hours of supervised clinical experience in the practice of marriage and family therapy performed over a period of not less than two years under the supervision of a licensed marriage and family therapy supervisor or supervisor candidate or other qualified licensed mental health practitioner as approved by the board. The experience must include a minimum of 1,500 hours of direct client contact with individuals, couples, families, or groups of which a minimum of 150 hours are to be spent in immediate supervision with the licensed marriage and family therapist supervisor or supervisor candidate. The 150 hours are to be 100 hours of individual supervision and 50 hours of either group or individual supervision. For more information about supervisory requirements, contact the South Carolina licensing board at 803-896-4658.

Provide details of your plan to complete the required supervised experience. The dates must reflect a two-year period beginning no earlier than you anticipate being licensed as an LMFT associate. Incomplete plans will delay your application process. If you have questions regarding the completion of this form, refer to page 3 or contact CCE.

Facility name, address, telephone and type of work experience (planned over two years)	Position title	From month/year	To month/year

1. Plan for supervised clinical experience of direct marriage and family therapy client contact:
(Must reflect a minimum of 1,380 hours of supervised clinical experience)

	Total Hours	From month/year	To month/year
Plan for 1,380 hours of direct client contact with individuals, couples, or groups under the supervision of an LMFT supervisor, LMFT supervisor candidate, or other qualified licensed mental health practitioner.			

2. Plan for required 120 hours of post-master's immediate supervision by a licensed marriage and family therapy supervisor or supervisor candidate:

	Total Hours	From month/year	To month/year
A. Individual (a minimum of 100 hours required to be individual supervision)			
B. Group			
Total hours of supervision by a licensed marriage and family therapy supervisor or supervisor candidate			

If you plan to be supervised by an LMFT supervisor candidate, his or her supervisor must also sign this form.

Signature of Supervisor: _____ Date: _____
(Original signature required)

Signature of Supervisor Candidate (if applicable): _____ Date: _____
(Original signature required)

The supervisor does not have to be located onsite.

SUPERVISION

Regulation 36-01(1) defines supervision as:

Supervision means face-to-face contact between a supervisor and an Intern or other person requiring supervision under this chapter during which time the person supervised appraises the supervisor of the diagnosis and treatment of each client, during the supervisory process. The supervisor provides the supervised person with oversight and guidance in diagnosing, treating, and dealing with clients, and the supervisor evaluates the supervised person's performance.

The focus of a supervision session is on raw data from clinical work which is made directly available to the supervisor through such means as written clinical materials, direct (live) observation, co-therapy, audio and video recordings, and live supervision.

Supervision is a process clearly distinguishable from personal psychotherapy and is contrasted in order to serve professional goals.