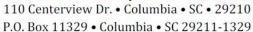


South Carolina Department of Labor, Licensing and Regulation South Carolina Board of Examiners for Licensure of

Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists







LPC Confirmation of Clinical Supervision of Post-master's Client Contact

REQUIRED

- Please print or type. The blank form may be copied for distribution if you have more than one supervisor
- This form must be signed by the licensed supervisor and supervisor candidate (if applicable) and the signature of the applicant/ LPC associate. Original signatures are required.
- Applicants who are required to be LPC associates should return this completed form after the completion of the two year Associate licensure period. Mail to: SC 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. I am required to provide documentation of a minimum of 120 hours of supervision with a licensed professional counselor supervisor or supervisor candidate of which a minimum of 100 hours are required to be individual supervision and 20 of these hours can be either group or individual supervision. Please complete the information below and return the form to me.				
Applicant's signature	Date			
INFORMATION BELOW TO BE CO	MPLETED BY SUPERVISOR (not applicant)			
Licensed Supervisor or Superv	isor Candidate Verification Information			
Check appropriate category: ☐ Supervisor	☐ Supervisor candidate			
Name (last, first, middle initial):				
Preferred mailing address:				
City: State:	ZIP code (+4):			
LPC/S name:				
(If supervision was completed by a supervisor candidate, indicate the candidate's supervisor.)				
LPC/S license number:	LPC/S license expiration date:			
☐ I verify that the applicant was under my supervision, at which time I critiqued the applicant's counseling and counseling-related skills based on one or more of the following forms of observation of the supervisee's counseling practice (check all that apply):				
☐ Direct/live observation ☐ Live superv	vision Audio recordings			
☐ Written clinical materials ☐ Video recon	rdings Co-therapy			

	Name, address, telephone and type of work experience (Minimum of two years experience)	Total Years	From month/year	To month/year
1. Confirmation of Supervised Clinical Experience of Direct Counseling Client Contact (must reflect a minimum of 1,380 hours of supervised clinical experience)				

Confirmation of 1,380 hours of direct client contact in counseling of individuals, couples, or groups under the supervision of a licensed professional counselor supervisor, supervisor candidate, or other qualified licensed mental health practitioner	Total Hours	From month/year	To month/year

2. Confirmation of 120 hours of Post-Master's Immediate Supervision

profess	mation of hours of supervision by a licensed sional counselor supervisor or supervisor late (attach the supervision log)	Total Hours	From month/year	To month/year
A.	Individual (a minimum of 100 hours required to be individual supervision)			
В.	Group			

RECOMMENDATION	
\square I recommend $/\square$ I do not recommend this applicant for licensure as a sour counselor. Note : If you do not recommend this applicant/Associate, the board redirectly to the board office stating your reasons.	th carolina licensed professional equests that you send a separate letter
Additional Comments:	
Affidavit: I attest that all information provided herein concerning supervision and work expenses that all information provided herein concerning supervision and work expenses and is in keeping with the Professional Counselors, Marriage and Faland Psycho-Educational Specialist Practice Act. I understand that supervision for associate licensure are for a period of not less than two years.	mily Therapists, Addiction Counselors,
Signature of supervisor:	Date:
(Original signature required)	
Signature of supervisor candidate (if applicable):	Date: (Original signature required)