



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**
 110 Centerview Dr. • Columbia • SC • 29210
 P.O. Box 11329 • Columbia • SC 29211-1329
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www.llr.sc.gov/POL/Counselors/



LPC Plan for Clinical Supervision of Post-Master's Clinical Experience

REQUIRED BY APPLICANTS FOR LPC/A

1. Please print or type.
2. This form must be signed by the licensed professional counselor supervisor (supervisor candidate, if applicable) and the applicant. Please refer to www.llr.state.sc.us/pol/counselors for a current list of licensed professional counselor supervisors. It is the applicant's responsibility to return this form. LPC associate applications are considered incomplete without this form.
3. If you have already been approved for licensure or issued a license in South Carolina, this form and all documentation 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 Specialities and I am required to make arrangements for board-approved supervision of my counseling 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: _____

LPC/S name: _____
 (if supervision is to be completed by a supervisor candidate, indicate the candidate's supervisor)

LPC/S license number: _____ **LPC/S license expiration date:** _____

As per Regulation 36-05(3), applicants for full licensure must submit evidence of a minimum 1,500 hours of supervised clinical experience in the practice of professional counseling performed over a period of not less than two years under the supervision of a licensed professional counselor supervisor, supervisor candidate or other qualified mental health practitioner, as approved by the board. The experience must include a minimum 1,380 hours of supervised clinical experience in the practice of professional counseling with individuals, couples, families, or groups of which a minimum of 120 hours must be spent in supervision with a licensed professional counselor supervisor or supervisor candidate (100 hours of individual supervision and 20 hours of either group or individual supervision). For more information about supervisory requirements, contact the South Carolina 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 LPC associate. Incomplete plans will delay your application process. If you have questions regarding the completion of this form, refer to page 4 of the LPC/LPCA application packet 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 counseling 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 in counseling of individuals, couples or groups under the supervision of a licensed professional counselor supervisor, professional counselor supervisor candidate, or other qualified licensed mental health practitioner | | | |

2. Plan for required 120 hours of post-master's immediate supervision by a licensed professional counselor 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 professional counselor supervisor or supervisor candidate. | | | |

Continued on next page

If you plan to be supervised by a supervisor candidate, you must have the supervisor of the LPC supervisor candidate sign this form also.

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 on site.

SUPERVISION

Regulation 36-01(1) defines supervision as:

Supervision means face-to-face contact between a supervisor and an Associate 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.