



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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**LPES'S CONFIRMATION OF SUPERVISION**

Documentation of one year of employment under the direct supervision of an LPES is required for licensure as a PES.

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**This form must be completed by the licensed PES who provided supervision.**

**SUPERVISOR INFORMATION**

Name of Supervisor: \_\_\_\_\_ License No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor's Position: \_\_\_\_\_

Starting/Ending Dates of Supervision: (must be at least one year) Start \_\_\_\_\_ End \_\_\_\_\_

(The preponderance of supervision should be conducted through individual face-to-face sessions either in-person or on-line, average one hour per week for one year). One (1) year of experience is defined as full-time employment for one (1) contract year of at least one hundred ninety (190) work days. Two (2) consecutive years of half-time work may, at the discretion of the Board, be deemed to be equivalent to one (1) full year of experience.

I verify that the applicant was under my supervision, at which time I critiqued the applicant in providing a full range of services to children, youth and families in a school or comparable setting, and also included experience assessing and treating clients with the more serious problems as categorized in standard diagnostic nomenclature. Supervision encompassed the following forms of observation of the supervisee's psycho-educational practice: (Check all that apply)

- Direct/Live Observation       Live Supervision       Audio Recordings
- Written Clinical Materials       Video Recordings       Co-Therapy

**RECOMMENDATION**

I recommend /  I do not recommend this applicant for licensure as a Psycho-Educational Specialist

**Note:** If you do not recommend this Applicant, the board requests that you send a separate letter directly to the board office stating your reasons.

Additional comments:

**ATTESTATION**

I attest that all information provided herein concerning supervision and work experience is accurate to the best of my knowledge and is in keeping with the Professional Counselors, Marriage and Family Therapists, Addiction Counselors, and Psycho-Educational Specialist Practice Act. I understand that supervision is for a period of not less than one year.

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

(Original signature required)