

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

Mail Code 2003
PO Box 149347
Austin, Texas 78714-9347
(512) 834-6658

Budget ZZ115
Fund #155

SUPERVISED EXPERIENCE DOCUMENTATION FORM

This form may be used either to: (1) document hours accrued by a previous supervisor or (2) document the completion of the required 3,000 hours of supervised experience. If you have completed the 3,000 hours you may submit this form along with the 2-year licensure fee of \$106.00 to the above address. Once approved and the exam has been passed, you will be issued your license as a professional counselor. You will be notified in writing of any deficiencies. **DO NOT SEND A NEW APPLICATION WITH THIS FORM AS THIS WILL DELAY THE PROCESSING OF YOUR FILE.**

For Persons Documenting Experience Hours for Licensure
as a Professional Counselor

TO BE COMPLETED BY APPLICANT

Name of Applicant _____
(First) (Middle) (Last)

Mailing Address: _____
(Preferred Mailing Address) City State Zip Phone #

Applicants Social Security #: _____ - _____ - _____ Intern License # _____ Date of Birth: _____

Name and address of agency or organization where the applicant gained required supervised experience
(must submit an experience form for each supervisor and/or site):

TO BE COMPLETED BY BOARD APPROVED SUPERVISOR (ONLY)

Dates of applicant's supervised counseling experience: Document only experience occurring after the issuance of the temporary license and the approval of you, the supervisor, as stated on the Supervisor Agreement form.

Date of Supervision from: (mm/dd/yy): _____ To: (mm/dd/yy): _____

Number of hours of weekly face-to-face supervision given to the applicant: _____

A) Total number of clock-hours of indirect counseling experience: _____

B) Total number of clock-hours of direct counseling experience: _____

C) Total number of clock-hours (A+B) of supervised experience: _____

TO BE COMPLETED BY BOARD APPROVED SUPERVISOR ONLY
(Continued)

Employment setting: Hospital ____ School: ____ Governmental Agency: ____ Nonprofit Organization: ____
Private Practice: ____ Other (specify): _____

Did you provide supervision for the applicant/supervisee during the dates of experience claimed above?
Yes: ____ No: ____

Do you and the supervisee have a written agreement for supervision on file with the board? Yes: ____ No: ____

Did your supervision meet the requirements set out in Board rules §681.92 and §681.93, including an average of one hour per week of face-to-face supervision? Yes: ____ No: ____

Do you hold licensure as a Professional Counselor with the supervisor status? Yes: ____ No: ____

License # _____ State: _____ Date License Issued: _____ Expiration Date: _____

As supervisor of the applicant's counseling experience, do you have any reservations about the applicant being granted a license for the independent practice of counseling? Yes: ____ No: ____ If yes, please specify:

I, as supervisor of the above-named applicant's experience affirm that the information provided on this form is true and accurate:

Printed Name of Supervisor

(Address) (City) (State) (Zip) (Phone)

(Signature) (Date)