

Commonwealth of Virginia
Board of Counseling

Licensure by Examination – Step Two

LPC FORM 2-VS

Photocopy This Form As Needed

VERIFICATION OF SUPERVISION
Post-Graduate Degree Supervised Experience

This form is to be **filled out by the supervisor** when the resident's supervision is completed. Include this form with your application in a separate, sealed envelope with the supervisor's signature across the seal. Complete all sections in Part One and **have your supervisor complete Part Two**. Quarterly Evaluations must accompany your LPC application (unless you are applying by endorsement).

PART ONE – TO BE COMPLETED BY THE APPLICANT

Applicant's Name (Last, First, Middle)

Supervisor's Name (Last, First, Middle)

Supervisor's License Number

License Type

Date License Issued

Date of Expiration

Issued in State of:

PART TWO – TO BE COMPLETED BY THE SUPERVISOR

After completing return to resident in a sealed envelope with your signature across the flap.

Supervision was given to resident from (mm/dd/yy)

through (mm/dd/yy)

DESCRIPTION OF COUNSELING SERVICES RENDERED BY RESIDENT UNDER YOUR SUPERVISION

1. Name and Address where the clinical hours were obtained: _____

2. Is setting non-profit? YES NO

3. In your opinion, has the applicant demonstrated competency in counseling practice sufficient for licensing and the independent practice of counseling? YES NO

Please comment:

Both Columns Must Be Completed

	Hours/Wk	Total Hrs
How many hours of experience did the resident obtain under your supervision?		
How many hours of direct client contact did the resident obtain under your supervision?		
How many hours of individual supervision did you provide the resident?		
How many hours of group supervision did you provide the resident?		

VERIFICATION OF SUPERVISION – CONTINUED

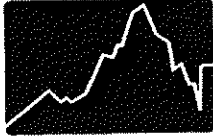
Your evaluation of the resident's competencies and the areas covered in supervision is required. These areas are outlined in Section 18 VAC 115-20-50 of the Regulations. To complete supervision requirements the resident must have satisfied all items listed below in one or more supervisory experiences during 4,000 hours of counseling experience. Please place an "X" in the column that represents your evaluation of competencies.

YES = The applicant has satisfactorily demonstrated competencies in this area **NO** = Additional work is required to achieve competency **DNI** = Supervision did not include this area

COUNSELING AND PSYCHOTHERAPY TECHNIQUES	YES	NO	DNI
Conceptualizes and implements counseling practice from a working theoretical base and can articulate that theoretical foundation.			
Demonstrates a working knowledge and flexibility with different theories and techniques in working with a variety of:			
A. Clinical Problems (Specify)			
B. Populations (Specify)			
C. Unique aspects of clients – including culture, gender, sexual orientation, disability and developmental concerns (Specify)			
APPRAISAL, EVALUATION AND DIAGNOSTIC PROCEDURES	YES	NO	DNI
Demonstrates an ability to diagnose client's problems using appropriate methods (DSM-IV) and can justify the diagnosis based on case information.			
Uses appropriate instruments and clinical data to appraise client behavior.			
TREATMENT PLANNING & IMPLEMENTATION	YES	NO	DNI
Demonstrates an ability to develop and implement an appropriate treatment plan consistent with the diagnosis.			
CASE MANAGEMENT & RECORD KEEPING	YES	NO	DNI
Maintains appropriate clinical records and client data.			
Understands circumstances under which various records can be released.			
PROFESSIONAL IDENTITY & FUNCTION	YES	NO	DNI
Uses supervision and shows continuing development of counseling skills.			
Demonstrates knowledge of strengths and limitations of a LPC and the distinctive contributions of other mental health and health professionals.			
Makes appropriate referrals to other health providers and resources in the community.			
Handles appropriately, or knows how to handle, psychiatric emergencies.			
PROFESSIONAL ETHICS & STANDARDS OF PRACTICE	YES	NO	DNI
Understands and has discussed ethical issue concerning dual relationships.			
Knows the laws related to a counselor's duty in life-threatening situations, child & physical abuse, etc.			
Understands and has discussed the ethics of confidentiality and other legal and ethical issues.			

THIS EVALUATION HAS BEEN DISCUSSED WITH THE RESIDENT AND A COPY HAS BEEN PROVIDED TO THE RESIDENT.

Signature of Supervisor: _____ Date: _____



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