Commonwealth of Virginia
Board of Counseling

SUPERVISION OUTLINE

EXAMINATION APPLICANTS ONLY

LPC FORM 2-SO

REQUIRED FORM

Applicant's Name (Last, First, Middle)

		Supervisor One	Supervisor Two	Supervisor Three	Supervisor Four	Supervisor Five	Supervisor Six	Supervisor Seven	**Totals**
1.	Name of Supervisor								
2.	Dates of Supervision								
3.	Hours Worked Per Week								
4.	Total Hours Worked								
5.	Total Hours of Direct Client Contact								
6.	Hours of individual supervision per 40 hrs. worked								
7.	Total hours of Individual supervision								
8.	Hours of group supervision per 40 hours worked								
9.	Total Hours of Group Supervision								