

TO: **LICENSED ASSOCIATE PROFESSIONAL COUNSELORS**

FROM: NORTH DAKOTA BOARD OF COUNSELOR EXAMINERS
2112 10th AVE. SE
MANDAN, NORTH DAKOTA 58554

SUBJECT: **SUPERVISION REQUIREMENT, CONTACT HOURS, CLIENT SETTINGS**

Enclosed are two forms that detail the information needed to fulfil the supervision requirement for advancement to licensed professional counselor (LPC) status.

The Supervision Report Form:

- * Defines the contexts of supervision (individual and group),
- * Indicates and summarizes the total number of hours required (100), at least sixty (60) hours of which must be in individual, face-to-face supervision,
- * Contains a place for your supervisor to make a recommendation regarding professional licensure,
- * Contains a place for the supervisor's signature.

When the supervision report is due, please fill in the top part of both forms attached. Complete and sign the form titled "Supervisee's Record of Individual and Group Supervision" and give both forms to your supervisor. Your supervisor completes the bottom part of the "Supervision Report Form", and mails both forms to the Board office at the address shown above.

We suggest that you keep both forms in a special folder so that the supervision information can be entered as it is provided. We need to see that the supervision has been provided at regular intervals **over the two-year period of the license**. Thus, we expect these forms to be sent to the Board by the supervisor just prior to the expiration date of your associate professional license, **not before**. About four to six weeks before the expiration date we will notify you of the need to apply for the licensed professional counselor (LPC) license and include the application form.

If your plan of supervision changes (different supervisor, different methods of supervision), it is necessary to inform the Board of the changes in writing. The Board will then notify you that the changes have been approved or not.

If you have more than one different supervisor during the two-year period of associate licensure, you will need to complete a separate set of forms for each supervisor.

In addition to attaining the required hours of supervision, you are also required to document a minimum number of client contact hours during the two-year period of supervision as an LAPC.

1. 200 or more direct contact hours with clients are required for each year. A total of at least 400 direct contact hours with clients for the two-year period is required.
2. Contact with at least ten separate clients must be verified for each year. At least five of these contacts must be individual clients. The remainder may be individual or group clients. An ongoing group will count as only one client.

At the end of the two-year period, your supervisor will be asked to certify that to the best of his/her knowledge, you have met the requirements of client contact hours and client settings.

**SUPERVISION REPORT FORM
LICENSED ASSOCIATE PROFESSIONAL COUNSELOR**

Supervisee's Name: _____
Supervisee= Address: _____
Agency or Office: _____
Job Title: _____

This form records the supervision received by the above named Licensed Associate Professional Counselor (LAPC). The information on the attached pages (the date, method of supervision, and number of hours) is summarized in the space below. As supervisor, you are asked to verify the accuracy of this information and make a recommendation regarding licensure of this individual as a Licensed Professional Counselor (LPC).

The supervision must include individual, face-to-face meetings that occur at regular intervals over the two-year period of the license. Supervision in a group setting may also be provided such as in case conferences among members of a professional staff or other arrangement. A total of 100 hours of supervision through individual and group methods is required for advancement to LPC status. At least sixty (60) hours of the total must be in individual, face-to-face supervision.

Summary of Supervision

Number of Hours of Individual Supervision: _____
Number of Hours of Group Supervision: _____
Total Number of Hours of Supervision: _____

This supervisee has received the number of hours of individual and group supervision recorded on the attached pages and summarized above.

I certify that to the best of my knowledge, the supervisee has had a minimum of 200 direct client contact hours in each of the two years of associate licensure. The supervisee has had contact with at least ten separate clients for each year, and that at least five of these were individual clients.

I recommend or do not recommend (circle one) this person for licensure as a licensed professional counselor.

Supervisor's Signature: _____

Print or Type Name: _____

Job Title: _____

Professional Credentials: _____

Date Signed: _____

**SUPERVISEE'S RECORD OF INDIVIDUAL
AND GROUP SUPERVISION**

Supervisee's Name:

Date	Method (Individual)	Hours	Date	Method (Group)	Hours
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Continue on page 3

Date	Method (Individual)	Hours
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Date	Method (Group)	Hours
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Continue on page 4

Page 4

Date	Method (Individual)	Hours
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Date	Method (Group)	Hours
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Hours Individual: _____
(pages 1, 2 and 3)

Hours Group:
(pages 1, 2 and 3)

Total Number of Hours:
(Individual plus Group)

The above record indicates the number of hours of supervision that I have received since becoming a Licensed Associate Professional Counselor.

I certify that I have had a minimum of 200 or more direct contact hours in each of the two years licensed as an LAPC and that I have had contact with at least ten separate clients in each year. I also certify that at least five of these contacts were individual clients.

My place of professional practice (i.e., name of school, agency, etc.) and location was:

Supervisee's Signature: _____ Date: