

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 is to be used to document post graduate supervised hours earned under a temporary (Intern) license to upgrade to full licensure or to document hours earned in another state. 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. If initial application was received on or after May 2012 no additional fee is required. You will be notified in writing of any deficiencies. **DO NOT SEND A NEW APPLICATION FOR UPGRADE WITH THIS FORM AS THIS WILL DELAY THE PROCESSING OF YOUR FILE.**

I am applying for an upgrade to full licensure: Yes _____ No _____

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 date of issuance of the temporary license and the approval date of you, the supervisor, for the site listed above, as stated on the Supervisor Agreement form or Supervisor/Intern site change form.

Date of Supervision at the above listed site: (mm/dd/yy): _____ To: (mm/dd/yy): _____

A) Total number of hours of weekly face-to-face supervision given to the applicant: _____

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

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

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

(Do not include excess practicum hours already credited)



TO BE COMPLETED BY BOARD APPROVED SUPERVISOR ONLY

(Continued)

Type of Setting: Private Practice___ Hospital___ School___ Volunteer___ Government Agency___ Nonprofit___
Other___

Type of Counseling Experience Gained: General___ Group___ Marriage & Family___ Drug & Alcohol___
Career & Vocational___ Rehabilitation___ Academic___ Child & Adolescent___ Art Therapy___ Other___

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 for the site listed on
this form? Yes: ___ No: ___

Did your supervision meet the requirements set out in Board rules Title 22 TAC §681.92 and §681.93, consisting
of a minimum of four hours per month of face-to-face supervision? Yes: ___ No: ___ Was the supervision
actual face to face ___yes, ___no, or live internet webcam? ___yes, ___no.

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

License # ___ State: ___ Date License Issued: ___ Expiration Date: ___

If hours were earned in a state other than Texas please include a copy of the supervisor's credentials.

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

License #

(Address)

(City)

(State)

(Zip)

(Phone)

(Signature)

(Date)

With few exceptions, you have the right to request and be informed about information that the State of Texas
collects about you. You are entitled to receive and review the information upon request. You also have the right to
ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us>
for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and
559.004)