

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

P.O. Box 149347, Mail Code 2003
Austin, Texas 78714-9347
(512) 834-6658
(512) 834-6677fax
lpc@dshs.state.tx.us

SUPERVISOR APPLICATION

Licensed professional counselors who will supervise LPC interns must complete and return this application form accompanied by a **\$100.00** supervisor approval processing fee.

Prospective supervisors must receive board approval prior to beginning supervision.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ E-mail _____

LPC License Number _____ Issue Date _____ Expiration Date _____

QUALIFICATIONS FOR SUPERVISOR APPROVAL

- A license to practice professional counseling issued by the Texas State Board of Examiners of Professional Counselors.
- The supervisor must have held the license in good standing for at least 36 months.
- Submission of a supervisor approval application form, accompanied by a \$100 supervisor approval processing fee.

Submit proof of one of the following for initial application (**check the box that applies to you**):

- Successful completion of a graduate course in counselor supervision taken for credit at an accredited college or university. **Attach transcript verifying course completion.**
- Successful completion of a continuing education course offered by a board-approved provider consisting of 40 clock-hours of training in the supervision of professional counseling or mental health services. The course must meet content requirements described in the board's rules at 22 TAC §681.93(c)(1)(B)(2). The course must be completed during a time period of no more than 90 days. **Attach proof of course completion.**
- Application for supervision status must be submitted within 2 years of completing the 40-hour supervision course or within 5 years of completing a doctoral level supervision course from an accredited university.

STATEMENTS OF ASSURANCE Please read and initial each of the following statements of assurance.

_____ I have read, understand, and intend to comply with the rules of the Texas State Board of Examiners of Professional Counselors regarding the 3,000 hour internship required for regular licensure as a professional counselor. (See 22 Texas Administrative Code, §681.92)

_____ I have read, understand, and intend to comply with the rules of the Texas State Board of Examiners of Professional Counselors regarding the supervision of LPC-Interns. (See 22 Texas Administrative Code, §681.93)

_____ A conference will be held with LPC-Interns under my supervision consisting of a minimum of four hours per month of face to face or live Internet webcam supervision in individual (up to two Interns) or group (three or more) settings for each week the intern is engaged in counseling.

_____ I understand that the full professional responsibility for the counseling activities of an LPC-Intern rest with the intern's board approved supervisor.

_____ As part of the supervision I provide, LPC-Interns will receive information about and instruction in the board's Code of Ethics (See 22 Texas Administrative Code, Subchapter C.) The interns under my supervision shall comply with the Code of Ethics.

_____ I understand that supervisor approval must be renewed bi-annually at the time of my LPC license renewal with the \$100 supervisor renewal processing fee.

_____ I understand that a person previously approved as a supervisor whose professional counselor license has been inactive for more than two years and who resumes active license status may become a supervisor by completing an approved supervision course required by the board. An inactive status of less than two years will not require a supervision course. (See 22 Texas Administrative Code, §681.125(g))

I certify that all information provided on this application is true and correct. I also certify that I will provide supervision for LPC-Interns in accordance with the rules of the Texas State Board of Examiners of Professional Counselors and the Statements of Assurance on this application. I have enclosed a check or money order payable to Texas Department of Health in the amount of \$100.00.

Signature of Applicant

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.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

