

## CERTIFIED CLINICAL SUPERVISOR APPLICATION

Submit your application materials to:  
Texas Department of State Health Services, MC 2003  
Licensed Chemical Dependency Counselor Program  
P. O. Box 149347  
Austin, Texas 78714-9347

Phone: (512) 834-6605  
FAX: (512) 834-6677  
E-mail: [lcdc@dshs.state.tx.us](mailto:lcdc@dshs.state.tx.us)  
Web: <http://www.dshs.state.tx.us/lcdc/>

Qualified credentialed counselors (QCC) who wish to be certified as clinical supervisors must complete and return this application form accompanied by a **\$20.00** application processing fee. This is a two-page form.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

License Type (circle one) LCDC LPC LMFT LCSW Other (specify) \_\_\_\_\_

License Number \_\_\_\_\_ License Issue Date \_\_\_\_\_ License Expiration Date \_\_\_\_\_

### REQUIREMENTS TO BECOME A CERTIFIED CLINICAL SUPERVISOR

- Be a QCC, as set forth in 25 Texas Administrative Code (TAC) §140.400 (relating to Definitions), in good standing, with no active suspension or probated suspension in effect against the individual's license, and no unpaid administrative penalties.
- Submit verification of current certification as a clinical supervisor issued by the International Certification and Reciprocity Consortium (IC&RC) or one of its member boards (such as TCBAP).
- Submit a plan of activities, to be implemented for any counselor intern the CCS supervises, in an array of the KSA dimensions, including assessment and counseling.
- Submit two sets of fingerprints, completed according to department instructions, and the background fee of \$40, and pass the criminal history standards described in 25 TAC §140.431 (relating to Criminal History Standards). **If you are currently licensed as an LCDC, this requirement is waived.**

## STATEMENTS OF ASSURANCE

Please read and initial each of the following statements of assurance.

\_\_\_\_\_ I have read, understand, and intend to comply with the LCDC rules regarding the training and supervision of counselor interns. (See 25 TAC §§140.421-140.422.)

\_\_\_\_\_ I understand that the full professional responsibility for the counseling activities of a counselor intern rest with the intern's supervisor.

\_\_\_\_\_ As part of the supervision I provide, counselor interns will receive information about and instruction in the Code of Ethics (See 25 TAC §140.423.) The interns under my supervision shall comply with the Code of Ethics.

\_\_\_\_\_ If I am licensed as an LCDC, this certification will expire on the same date as my license. Otherwise, this certification will expire two years after the date it is issued. This certification must be renewed by submitting a renewal application and the application fee of \$20.

\_\_\_\_\_ I understand that failure to comply with the standards set forth in the LCDC rules may result in disciplinary action against this certification.

I certify that all information provided on this application is true and correct. I have enclosed a check or money order payable to Texas Department of State Health Services in the amount of \$20.00.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

