

## Post-Graduate Supervisory Agreement - Supervisee - Step 1

To begin the Post-Graduate Supervisory Agreement process (1) click Forms in the menu and then (2) click Online under Post-Graduate Supervisory Agreement Form

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Today is: Wednesday, October 29, 2014

If submitting forms to the MS LPC Board Office, please be certain to use the Jackson, MS, address listed below.

Fee Schedule

**Application for LPC \*\*Revised 5.6.14**

[Paper](#)

[Online](#)

Before you proceed to the online application you should print and review the paper application to ensure that you have all the documentation that is required.

**Post-Graduate Supervisory Agreement Form**

[Online](#)

The online process creates your profile and uses electronic signatures to complete the agreement. [Instructions](#)

**Supervision Reporting Form**

[Paper](#)

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THE GREAT SEAL OF THE STATE OF MISSISSIPPI

## Post-Graduate Supervisory Agreement - Supervisee - Step 2

Enter your social security number and the security code. This is a check to verify that you don't already have a profile in the system.

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**Check for Existing Profile**

Enter your SSN

Enter this security code in the box below: 47842

# Post-Graduate Supervisory Agreement - Supervisee - Step3

As the supervisee, you enter your information to create your profile.

When your profile is created you login to your profile and continue the agreement process.

**After you fill out the Supervisee Information (top of form shown below), you will then need to login to your profile using the email you entered and password you created before you may precede with the Supervisory Agreement Steps 4-8 (pages 6-9).**

**Login instructions begin on page 3.**

POST-GRADUATE SUPERVISORY AGREEMENT FORM				
<p>PLEASE READ BEFORE COMPLETING. As of January 1, 2012, the Board Qualified Supervisor and the supervisee receiving supervision in pursuit of becoming a Licensed Professional Counselor in the State of Mississippi must complete this form and submit it to the LPC Board Office along with a copy of your supervisor contract <b>PRIOR</b> to beginning supervision. Complete a separate form for each supervisor. Refer to LPC Board Rule 4.4.</p> <p>This document verifies and documents the establishment of a supervisory relationship between the Board Qualified Supervisor and a supervisee. It also outlines the minimum standards necessary to fulfill the licensing requirements. The supervisor and the supervisee should complete a separate contract that comprehensively outlines the supervisory relationship in addition to completing this document.</p>				
SUPERVISEE INFORMATION				
<p>Please use appropriate capitalization when entering data. DO NOT USE ALL CAPS when entering your information</p>				
Name:	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Title	First Name	Middle	Last Name
				Suffix
<p>(This should be your legal name as it should appear on certificate)</p>				
Name(s) as shown on transcripts and/or exam records if different from above:				
<input type="text"/>				
PREFERRED PHONE NUMBER: <input type="radio"/> HOME <input type="radio"/> BUSINESS <input type="radio"/> CELL				
HOME PHONE:	<input type="text"/>	BUSINESS PHONE:	<input type="text"/>	CELL: <input type="text"/>
EMAIL ADDRESS:	<input type="text"/>			
DATE OF BIRTH:	<input type="text"/>	SOCIAL SECURITY NUMBER:	<input type="text"/>	
PASSWORD:	<input type="text"/> (This will be the password to login to your LPC profile.)			
<p>If granted a license, your name, preferred address, preferred phone number, email address, and license number will appear on the internet. You must immediately notify the Board in writing of any changes of information.</p>				
PREFERRED ADDRESS: <input type="radio"/> HOME <input type="radio"/> BUSINESS				
BOARD CORRESPONDENCE SHOULD BE SENT TO: <input type="radio"/> HOME <input type="radio"/> BUSINESS				
HOME ADDRESS:	<input type="text"/>	<input type="text"/>	<input type="text" value="Mississippi"/>	<input type="text"/>
	Street (**P.O. Box not acceptable)	City	State	Zip code
BUSINESS ADDRESS:	<input type="text"/>	<input type="text"/>	<input type="text" value="Mississippi"/>	<input type="text"/>
	Street	City	state	Zip code
	<input type="text" value="Select"/>			

# LPC Profile Management - Login Step 1

Web site URL <http://www.lpc.ms.gov/>

Click the Login button at the bottom of the menu to go to the login screen.



**lpc.ms.gov**  
**MISSISSIPPI**  
State Board of Examiners for Licensed Professional Counselors

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Today is: Wednesday, August 06, 2014

**If you did not submit your renewal form prior to June 30, 2014 your license is now "Lapsed."**

Please complete the "Lapsed License Renewal Form" to reinstate your license to "Current" Status and submit appropriate fees and CE Reporting Forms to Board Office.

**2014 Biennial License Renewal**

2014 License renewal forms have been mailed out. Please be aware, however, that failure to receive this notification does not relinquish your responsibility for timely renewal. Renewal forms must be returned to the LPC Board office PRIOR to June 30, 2014, to remain Active Status.

Visit the "Forms" section (on the left) to find the Lapsed License Renewal Form and CE Reporting Form. NOTE: Board Qualified Supervisors must submit the appropriate renewal fee.

Click on the link above for details about requirements for CEHs or visit the "Frequently Asked Questions" section.

**Welcome to Mississippi Board of Examiners for Licensed Professional Counselors**

Welcome to the website of the Mississippi Board of Examiners for Licensed Professional Counselors. We hope that this site supplies you with all the information you need to become licensed or continue your licensure in the State of Mississippi.

**Quick Links**

[Rules and Regulations](#)

**Other**

[MS Transparency](#)




## LPC Profile Management - Login Step 2

Enter your email address and password.

If you don't remember your password click the I don't remember my password link.

You will then enter your email address and your password will be emailed to you.

If this is your first time to login you will be required to change your temporary password.



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Today is: Wednesday, August 06, 2014

### Licensee Login


Email :

Password :

 [I don't remember my password.](#)

 By entering data into this web site your are agreeing to abide by the operating rules of the Mississippi State Board of Examiners for Licensed Professional Counselors and certifying that all information is accurate and correct to the best of your knowledge and belief.

Mississippi State Board of Examiners for Licensed Professional Counselors Website Disclaimer  
239 North Lamar Street  
Suite 402  
Jackson, MS 39201  
Office: 601 359-1010  
Fax: 601 359-1030  
Transparency Mississippi Management and Reporting System



## LPC Profile Management - Profile Overview

When you login you will be taken to your profile. Your profile shows your information that is stored in the LPC system.

- There are certain fields that you can use to update your information. (example: Home and Business Address, Phone Numbers, Email, Password)
- If you have met all the requirement for online renewal you can renew your license and pay your fees online.
- You can also add your picture to your profile.

The following screens will show you how to use your profile.

The screenshot shows the profile management interface for the State Board of Examiners for Licensed Professional Counselors. At the top, the date is Wednesday, October 29, 2014. A prominent red 'NOTICE!' box on the left states: 'Your picture should be passport size about 200px wide and a maximum of 500KB. If it is larger then this you will receive an error and NOT be able to save your information!'. The profile information is displayed in a form with the following fields: License No.: 0, Last Name: aJones-test, First Name: Lisa, Middle or MI: Minor, Title: Mr., Suffix: (empty), SSN: 968-53-5709, and DOB: 2014-10-02. On the right side, there are buttons for 'Save Changes' and 'Logout', a password field with the value '1234', a field for 'Name(s) as shown on transcripts and/or exam records if different from what's to the left' containing 'Lisa Jones-test', and a field for 'Nick name or informal name' which is empty. At the bottom left, there is a 'Choose File' button and the text 'No file chosen'. A horizontal navigation bar at the bottom contains tabs for 'General Registration', 'Education', 'App Info' (which is highlighted in orange), 'Complaints', 'Payments', 'Print Forms', and 'Online Payments'.

## LPC Profile Management - Profile - Tabs

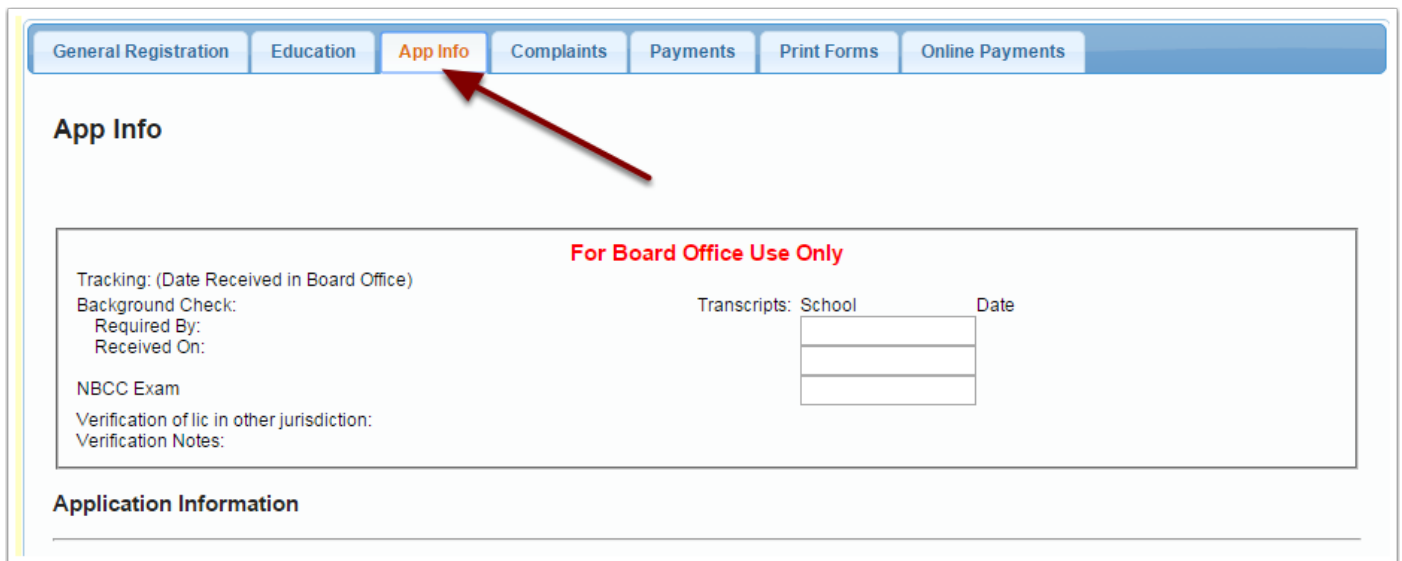
About the middle of the screen is a row of tabs that contain groups of information. When you click on one of these tabs you will see your information for that area.

The tabs Complaints and Payments are informational only.  
The Online Payments tab allows you to pay certain fees online.

This screenshot shows the 'General Registration' tab selected in the navigation bar. The tab bar includes 'General Registration' (highlighted in orange), 'Education', 'Notes And App Info', 'Complaints', 'Payments', 'Print Forms', and 'Online Payments'. Below the tabs, the heading 'General Registration' is displayed. Under this heading, there are two input fields: 'Home Address' and 'Business Address', both of which are currently empty.

## Post-Graduate Supervisory Agreement - Supervisee - Step 4

To complete your portion of the Post-Graduate Supervisory Agreement, click on the App Info tab. Scroll down to **Part III** and you will see the button: Complete Post-Graduate Supervisory Agreement. (see Step 4a)



**App Info**

**For Board Office Use Only**

Tracking: (Date Received in Board Office)  
Background Check:  
Required By:  
Received On:

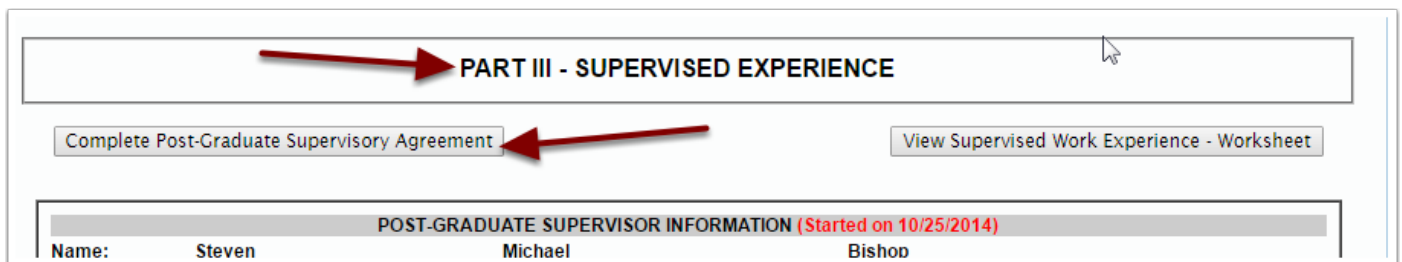
Transcripts: School Date

NBCC Exam

Verification of lic in other jurisdiction:  
Verification Notes:

**Application Information**

## Post-Graduate Supervisory Agreement - Supervisee - Step 4a



**PART III - SUPERVISED EXPERIENCE**

[Complete Post-Graduate Supervisory Agreement](#) [View Supervised Work Experience - Worksheet](#)

**POST-GRADUATE SUPERVISOR INFORMATION (Started on 10/25/2014)**

Name:	Steven	Michael	Bishop
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## Post-Graduate Supervisory Agreement - Supervisee - Step 5

When you click the Post-Graduate Supervisory Agreement button on your profile, you will be taken to the screen below. Here you will select the counselor that has agreed to be your supervisor. After you finish the next screen, this counselor will receive an email asking them to concur or decline the agreement.

The dropdown list will show all counselors that are board qualified.

**State Board of Examiners for Licensed Professional Counselors**

Today is: Friday, August 08, 2014

**Your supervisor must be a Board Qualified Supervisor.**  
**Please select your supervisor from the list below.**

If the counselor is not on the list please contact the  
LPC Board office as per the information below.

[Return to Profile](#)

[Select Supervisor](#)

# Post-Graduate Supervisory Agreement - Supervisee - Step 6

Fill out the form below to complete your part of the agreement process.

You must check the box that says I affirm.

The BQS counselor you have chosen will receive an email notifying them to concur or decline being your supervisor. They must login to their profile to complete the process.

INFORMATION RELATED TO SUPERVISED EXPERIENCE			
Name of organization or agency where experience will be gained (Complete separate form for each setting): <input type="text"/>			
Address of organization or agency: <input type="text"/>		<input type="text"/>	<input type="text" value="Mississippi"/>
Address		City	State Zip
Following table contains the <b>ANTICIPATED</b> dates and hours.			
Start Date: <input type="text"/>		End Date: <input type="text"/>	
Total Hours Per Week: <input type="text"/>		Direct Contact Hours Per Week: <input type="text"/>	
Individual Supervision Per Week: <input type="text"/>		Group Supervision Per Week: <input type="text"/>	
*Total Hours = sum of direct hours, indirect hours, individual supervision, and group supervision.			
Type of Setting: Private Practice <input type="radio"/> Hospital <input type="radio"/> School <input type="radio"/> Volunteer <input type="radio"/> Government Agency <input type="radio"/> Nonprofit <input type="radio"/> Other <input type="radio"/> (describe: <input type="text"/> )			
Type of Counseling Experience/Scope of Practice To Be Gained (Check all that apply) General <input type="checkbox"/> Group <input type="checkbox"/> Marriage & Family <input type="checkbox"/> Drug & Alcohol <input type="checkbox"/> Career & Vocational <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Academic <input type="checkbox"/> Child & Adolescent <input type="checkbox"/> Art Therapy <input type="checkbox"/> Other <input type="checkbox"/> (describe <input type="text"/> )			
SUPERVISEE AFFIRMATION			
<input type="checkbox"/> I, as supervisee, affirm that all information provided by me on this form and in my profile is true and accurate and I affirm the following: <ul style="list-style-type: none"><li>• That I have read the Board Rules &amp; Regulations related to supervised experience and that all supervised experience will be completed in accordance with the Board Rules &amp; Regulations.</li><li>• That I will meet with my supervisor at a frequency based upon these ratios: one (1) supervision hour to forty (40) hours of services provided OR one (1) hour of supervision to twenty-five (25) hours of Direct Services. For persons working part-time, supervision should occur no less frequently than every other week.</li><li>• That I will abide by all rules of the Board, including ACA ethics requirements.</li><li>• That I understand that I am practicing under the license of a Mississippi Board Qualified Supervisor, and I do not have authority to engage in the independent practice of counseling.</li><li>• That I will notify the Board if this supervisory arrangement is terminated.</li><li>• That it is my responsibility to know whether or not my supervisor is a Board Qualified Supervisor.</li><li>• That I understand any additional supervisors and settings must be filed with the Board in advance.</li></ul>			
<input type="button" value="Add"/>			



## Post-Graduate Supervisory Agreement - Supervisee - Step 7

When you and your supervisor have completed the agreement process the information will be displayed in the App Info tab. You may upload the signed contract with the button at the bottom of the information.

Following table contains the <b>ANTICIPATED</b> dates and hours.	
Start Date: 2017-12-18	End Date: 2019-06-17
Total Hours Per Week: 40	Direct Contact Hours Per Week: 15
Individual Supervision Per Week: 1	Group Supervision Per Week: 0

\*Total Hours = sum of direct hours, indirect hours, individual supervision, and group supervision.

Once you have complete this post grad agreement, use the Update Completed Hrs. button below to post the actual hours.

**Completed Hours of Supervision**

FROM WEEKLY LOG: TOTAL HOURS: 0 DIRECT CONTACT: 0 INDIRECT: 0 INDIVIDUAL SUPERVISION: 0 GROUP SUPERVISION: 0

TOTAL HOURS\*: 525 DIRECT CONTACT: 96 INDIRECT CONTACT: 424 INDIVIDUAL SUPERVISION: 5 GROUP SUPERVISION: 0

\*Total Hours = sum of direct hours, indirect hours, individual supervision, and group supervision.


Did you receive at least one (1) face-to-face supervision hour for every forty (40) hours of services provided OR one (1) face-to-face hour of supervision for every twenty-five (25) hours of Direct Services? (For persons working part-time, supervision should occur no less frequently than every other week.) ☒ Yes ☐ No

At the time of supervision my experience/employment was

☒ POST DEGREE ☒ FULL TIME ☐ PART TIME AT %

**Type of Setting:** Private Practice ☐ Hospital ☐ School ☐ Volunteer ☐  
Government Agency ☐ Nonprofit ☒ Other ☐ (describe: )

**Type of Counseling Experience/Scope of Practice To Be Gained** (Check all that apply) General ☒ Group ☐  
Marriage & Family ☐ Drug & Alcohol ☒ Career & Vocational ☐ Rehabilitation ☐ Academic ☐  
Child & Adolescent ☐ Art Therapy ☐ Other ☐ (describe: )



[View Contract](#)

**Supervisor Contract received on: 2018-02-25**

**Form A or Form B or Form C received on:**

# Post-Graduate Supervisory Agreement - Supervisee - Step 8

You may also fill out the Supervision Reporting Log online. After you have input your information for a specific week your supervisor will approve it online from their profile.

<b><i>SUPERVISION REPORTING LOG</i></b>									
Face to Face (individual, family, couple, and group counseling) and Other Services									
Supervisor: Lisa Jones aaJones-test					Supervisee: Bill Jones-test1				
Site of Clinical Hours: Home grown Ideas									
Direct Clinical Hours include: Face to Face With Client (individual, family, couple, and group counseling) Indirect hours are entered in Other Services.									
Report in Hours e.g. 1, 2, 3.75, etc Enter weeks in chronological order with earliest date first.									
Enter the date of the first day of the week (Sunday or Monday)	Direct Services/Face to Face Counseling				Indirect Services/ Other Services	Supervision		Total hours (of supervised clinical practice – not more than 40/week)	
	Individual	Couples/ Family	Group	Testing/ Assess		Individual Supervision Hours (with Supervisor)	Group Supervision Hours (with Supervisor)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Return to Profile"/>									
Reports from Previous Weeks									
Date of the first day of the week (Sunday or Monday)	Individual	Couples/ Family	Group	Testing/ Assess	Indirect Services/ Other Services	Individual Supervision Hours (with Supervisor)	Group Supervision Hours (with Supervisor)	Total hours (of supervised clinical practice – not more than 40/week)	
2015-07-27 Approval Needed	0	0	7	0	7	7	0	21	<a href="#">Delete</a> <a href="#">Edit</a>
2015-07-20	0	0	7	5	0	0	0	12	
2015-07-06	3	0	0	0	3	0	2	8	
2015-05-10	6	6	0	6	0	0	0	18	
2015-02-01	0	0	2	0	2	2	0	6	
2014-07-28	0	9	0	0	9	0	9	27	
2014-06-01	0	5	5	5	0	0	0	15	
2014-02-01	9	0	9	0	0	0	9	27	
<b>Total Hours</b>	18	20	23	16	14	2	20	113	

# Post-Graduate Supervisory Agreement - Supervisor Step 1

An LPC-S will see a list in the General Registration tab of those that they are supervising and those who have requested them as a supervisor.

1. Once concurred, you will be able to fillout the Supervisor Reporting Log online.
2. When you have completed the supervision with a supervisee, you click the End Supervision button to remove that person from your profile and to prepare Form B - Post-Master's Supervision Verification form. You must verify and post the Completed hours **before** preparing the Form B by clicking the Update Completed Hrs button.
3. When a person fills out the Post-Graduate Agreement online, their information will show for you to either concur or decline. If you click concur you will be taken to the Supervisor Affirmation page to check the affirmation box.

**Supervisor for:**

Bill Jones-test1 - From: 2015-02-28 To 2015-05-30	Prepare Weekly Supervision Reporting Log
<a href="#">View/Update Agreement</a> <a href="#">Form B - PDF</a>	<a href="#">Supervision Complete</a>
	<a href="#">Update Completed Hrs.</a>
Bill Jones-test - From: 1900-01-01 To 1900-01-01	Prepare Weekly Supervision Reporting Log
<a href="#">View/Update Agreement</a> <a href="#">Form B - PDF</a>	<a href="#">Supervision Complete</a>
	<a href="#">Update Completed Hrs.</a>
Forest Tour - From: 2015-05-01 To 2015-05-31 (Supervision Completed on 12/5/2015)	<a href="#">View Supervision Reporting Log</a>
<a href="#">Form B - PDF</a>	<a href="#">Update Completed Hrs.</a>
	<a href="#">Prepare Form B</a>
Bill Jones-test1 - From: 2015-03-01 To 2015-06-30	<a href="#">Concur</a> <a href="#">Decline</a>
Bill Jones-test1 - From: 2014-12-25 To 2015-02-05	<a href="#">Concur</a> <a href="#">Decline</a>

The informaiton above shows that you currently have 2 suprevisee(s). If this number is wrong please contact the LPC Board Office.

## Post-Graduate Supervisory Agreement - Supervisor Step 2


**Lisa Jones aaJones-test  
has indicated that you have agreed to  
be their supervisor until their training is completed.  
They have entered an anticipated start date of 2014-10-01  
and an anticipated complete date of 2014-10-30**

**If you concur you must check the I affirm box and then click the Yes button below.**

### SUPERVISOR AFFIRMATION

☐ I, as the Mississippi Board Qualified Supervisor of the above named supervisee, affirm that all information provided by me on my profile is true and accurate, and I affirm the following:

- That all supervised experience will be completed in accordance with Board Rule 4.3(A) of the Rules and Regulations related to supervised experience and all subsequent Board rules.
- That I will provide supervision to the above named supervisee at a frequency based upon these ratios: one (1) supervision hour to forty (40) hours of services provided OR one (1) hour of supervision to twenty-five (25) hours of Direct Services. For persons working part-time, supervision should occur no less frequently than every other week.
- That I understand the full professional responsibility for services provided by the supervisee shall rest with the supervisor.
- That I understand that the supervisee cannot engage in the independent practice of counseling until he or she obtains a professional license.
- That I understand the supervisory arrangement is only valid while my license remains current.
- That I will notify the Board if the supervisory arrangement is terminated.
- That I will keep my supervisor status current and that it is my responsibility to inform the supervisee should my supervisor status lapse.

Enter the date the agreement begins: 2016-12-06 

Yes

Later

Decline

**If you click Yes, the LPC Board will receive an email notifying them that you concur with this request.**

# Post-Graduate Supervisory Agreement - Supervisor - Supervision Reporting Log

This log may be prepared by either the supervisee or supervisor. If it is prepared by the supervisee the week will be highlighted for the supervisor to approve.

<b><i>SUPERVISION REPORTING LOG</i></b>									
Direct and Indirect Services									
Supervisor: Lisa Jones aaJones-test					Supervisee: Bill Jones-test1				
Place of Employment/Internship: <input style="width: 100%;" type="text"/>									
Direct Clinical Hours include: Face to Face With Client (individual, family, couple, and group counseling) Indirect hours are entered in Other Services.									
Report in Hours e.g. 1, 2, 3.75, etc Enter weeks in chronological order with earliest date first.									
Enter the date of the first day of the week (Sunday or Monday)	Direct Services/Face to Face Counseling				Indirect Services/Other Services	Supervision		Total hours (of supervised clinical practice – not more than 40/week)	
	Individual	Couples/Family	Group	Testing/Assess		Individual Supervision Hours (with Supervisor)	Group Supervision Hours (with Supervisor)		
<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Return to Profile"/>									
Reports from Previous Weeks									
Date of the first day of the week (Sunday or Monday)	Direct Services/Face to Face Counseling				Indirect Services/Other Services	Supervision		Total hours (of supervised clinical practice – not more than 40/week)	
	Individual	Couples/Family	Group	Testing/Assess		Individual Supervision Hours (with Supervisor)	Group Supervision Hours (with Supervisor)		
2015-07-27 <input type="button" value="Approve"/>	0	0	7	0	7	7	0	21	<a href="#">Delete</a> <a href="#">Edit</a>
2015-07-20	0	0	7	5	0	0	0	12	<a href="#">Edit</a>
2015-07-06	3	0	0	0	3	0	2	8	<a href="#">Edit</a>
2015-05-10	6	6	0	6	0	0	0	18	<a href="#">Edit</a>
2015-02-01	0	0	2	0	2	2	0	6	<a href="#">Edit</a>
2014-07-28	0	9	0	0	9	0	9	27	<a href="#">Edit</a>
2014-06-01	0	5	5	5	0	0	0	15	<a href="#">Edit</a>
2014-02-01	9	0	9	0	0	0	9	27	<a href="#">Edit</a>
<b>Total Hours</b>	18	20	23	16	14	2	20	113	