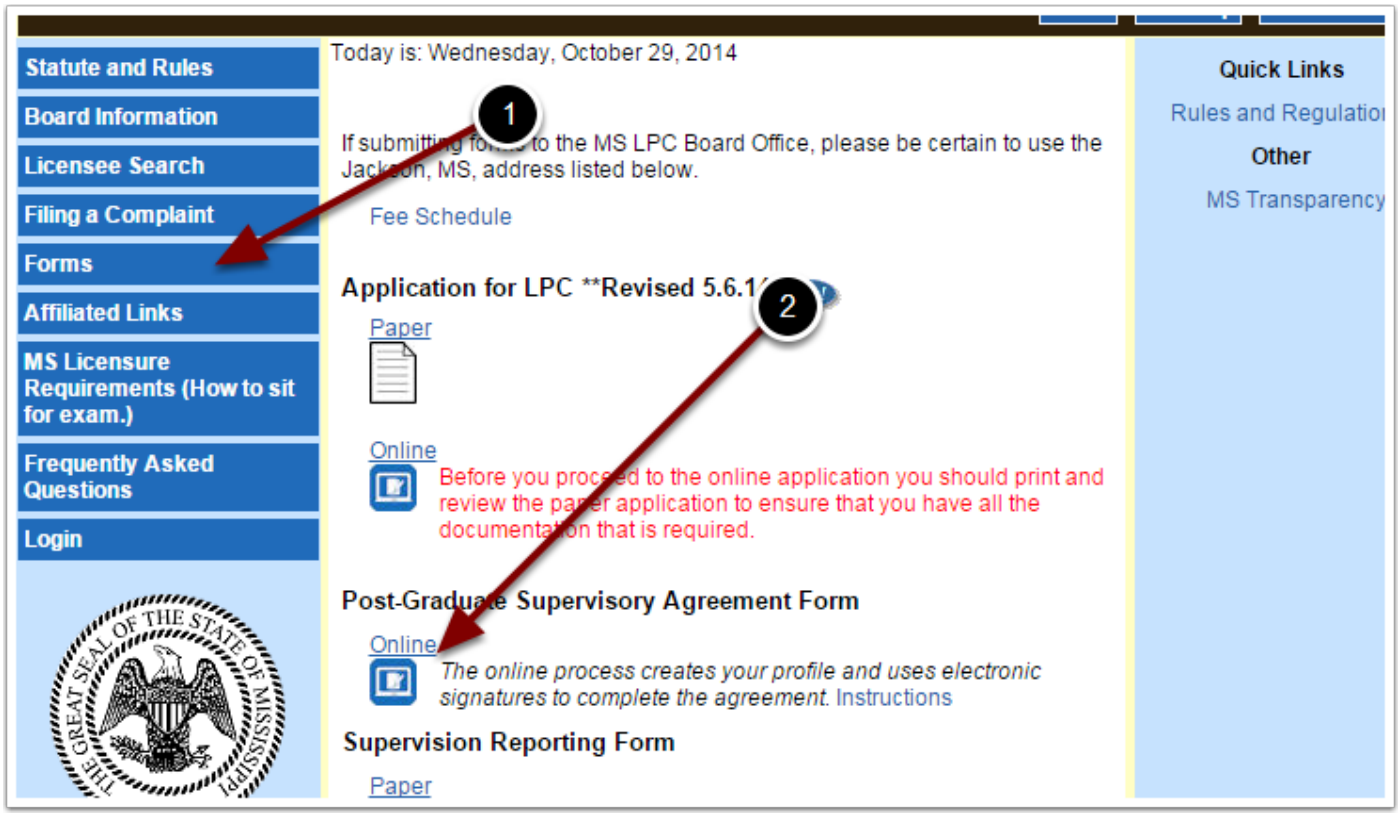
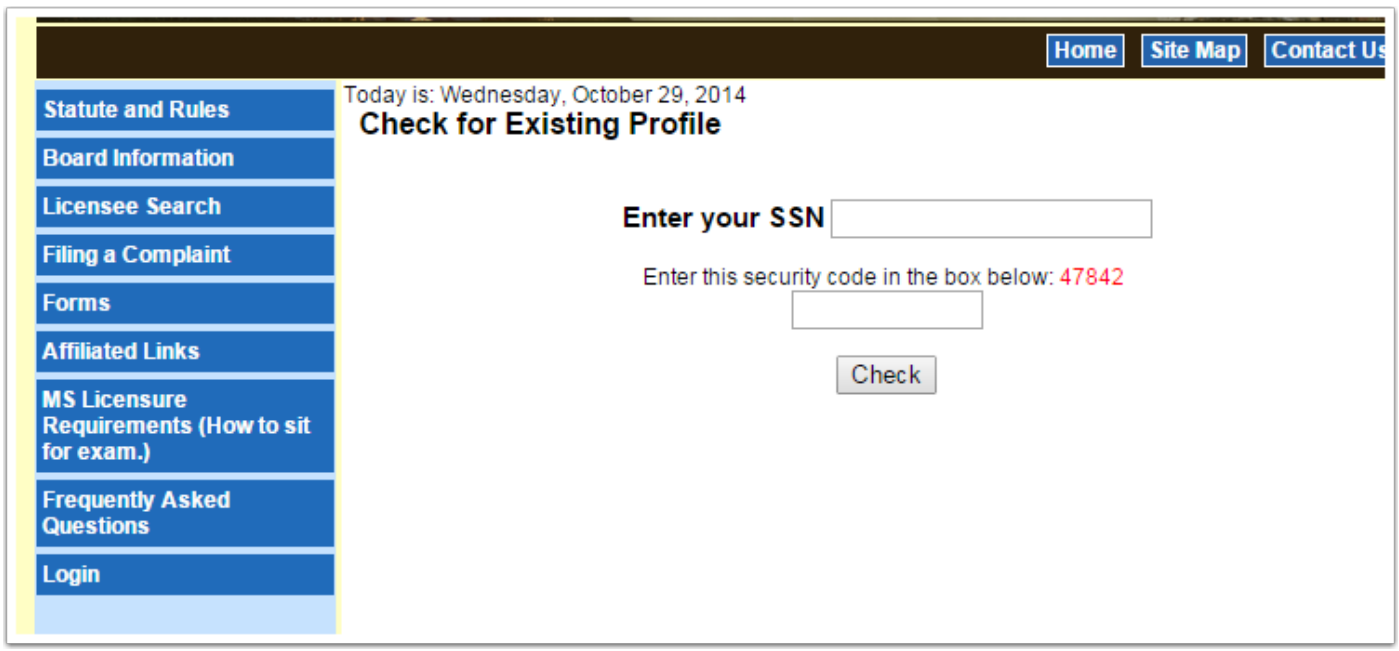
Post-Graduate Supervisory Agreement - Supervisee - Step 1

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



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.



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.

MISSISSIPPI STATE BOARD OF EXAMINERS FOR LICENSED PROFESSIONAL COUNSELORS
239 North Lamar Street • Suite 402 • Jackson, MS 39201
www.lpc.ms.gov

POST-GRADUATE SUPERVISORY AGREEMENT FORM

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 **PRIOR** to beginning supervision. Complete a separate form for each supervisor. Refer to LPC Board Rule 4.4.

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.

SUPERVISEE INFORMATION

Name: Select ▾ | | | | |
Title | First Name | Middle | Last Name | Suffix

(This should be your legal name as it should appear on certificate)

Name(s) as shown on transcripts and/or exam records if different from above:

PREFERRED PHONE NUMBER: ○ HOME ○ BUSINESS ○ CELL

HOME PHONE: | BUSINESS PHONE: | CELL:

EMAIL ADDRESS: | Password:

DATE OF BIRTH: | SOCIAL SECURITY NUMBER:

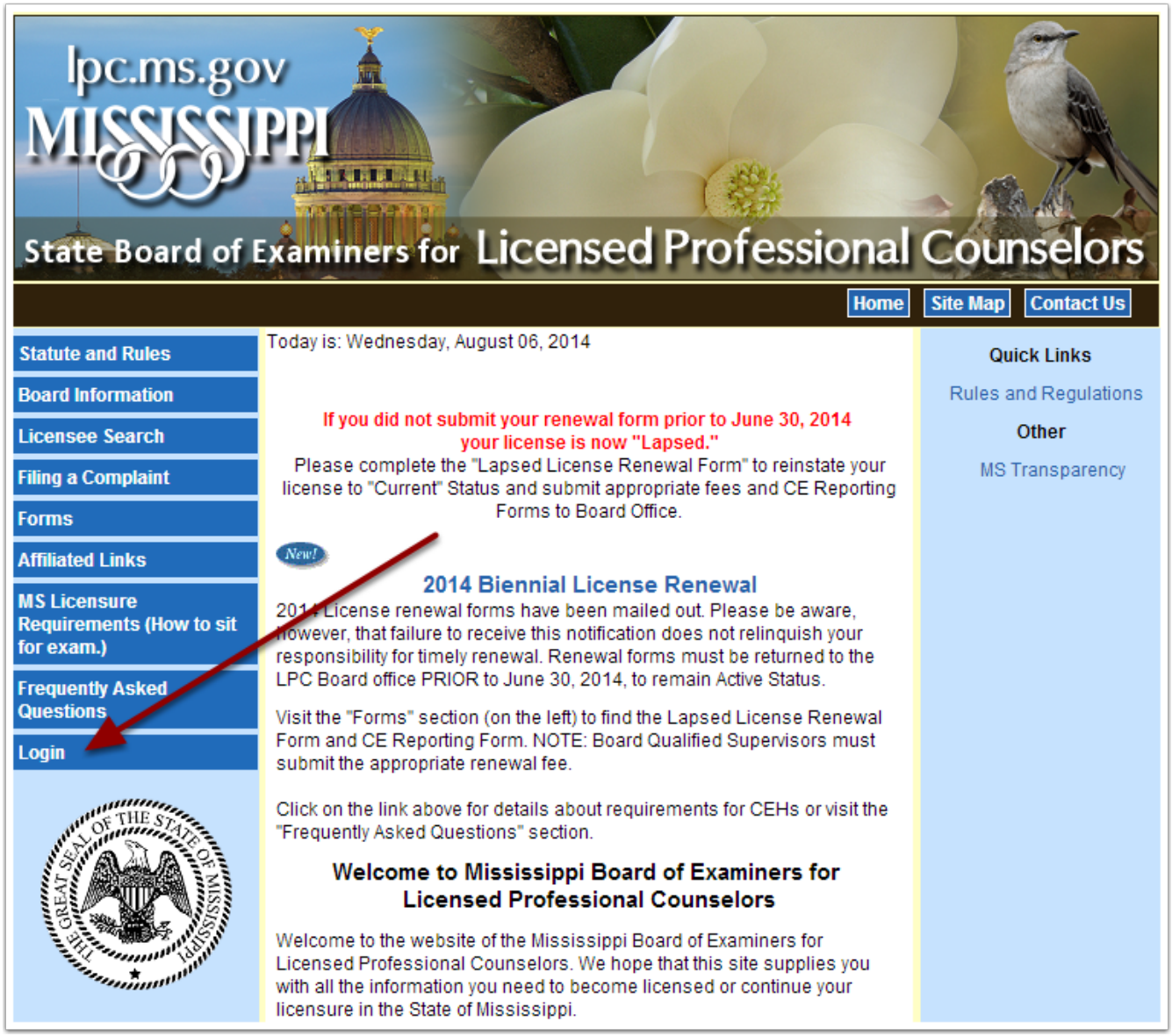
If granted a license, your name, preferred address, preferred phone number, email address, and license number will appear on the internet.
You must immediately notify the Board in writing of any changes of information.

PREFERRED ADDRESS: ○ HOME ○ BUSINESS

HOME ADDRESS: | | Mississippi ▾ | |
Street (**P.O. Box not acceptable) | City | State | Zip code

LPC Profile Management - Login Step 1

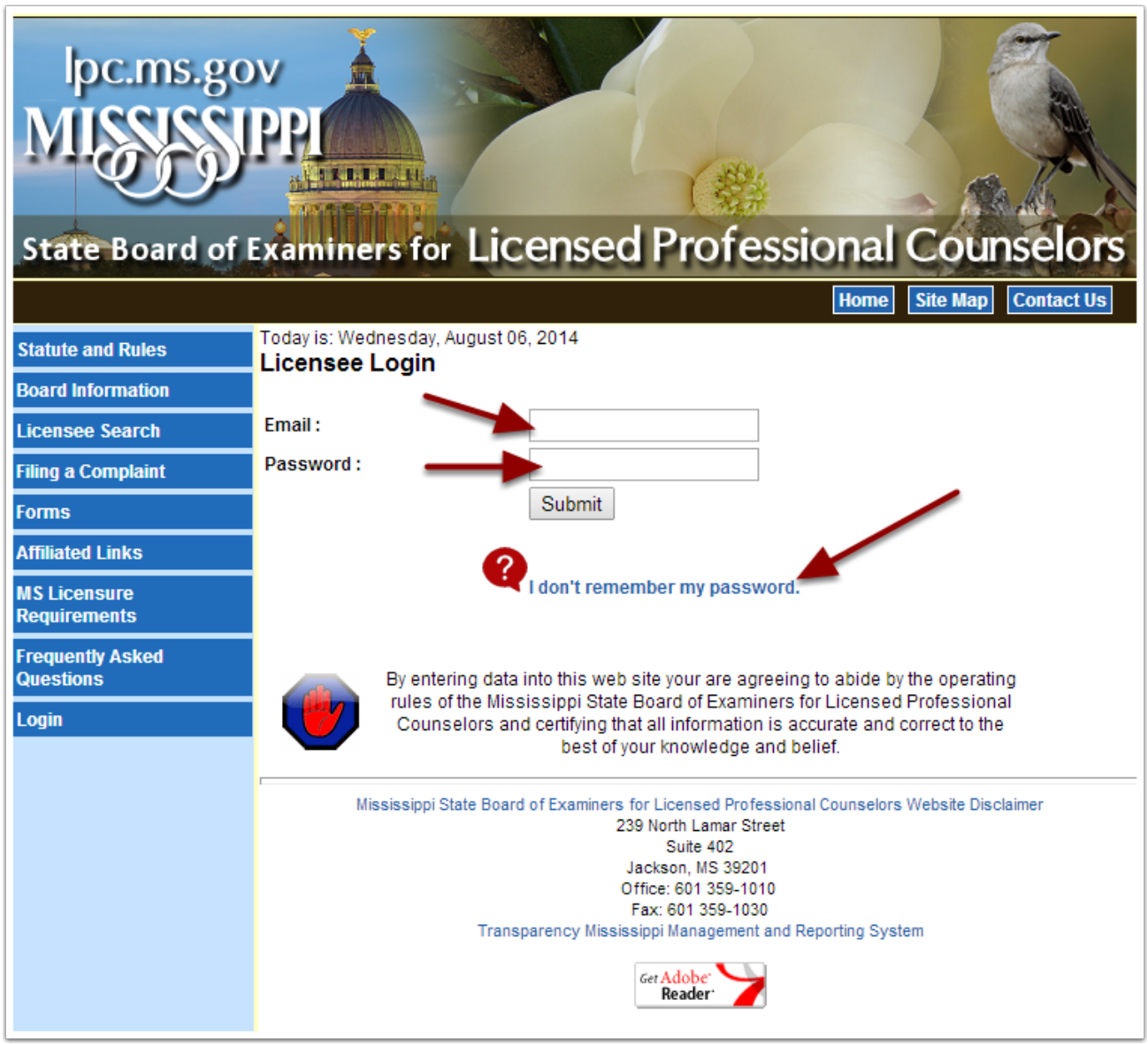
Web site URL http://www.lpc.ms.gov/
Click the Login button at the bottom of the menu to go to the login screen.



LPC 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.



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.

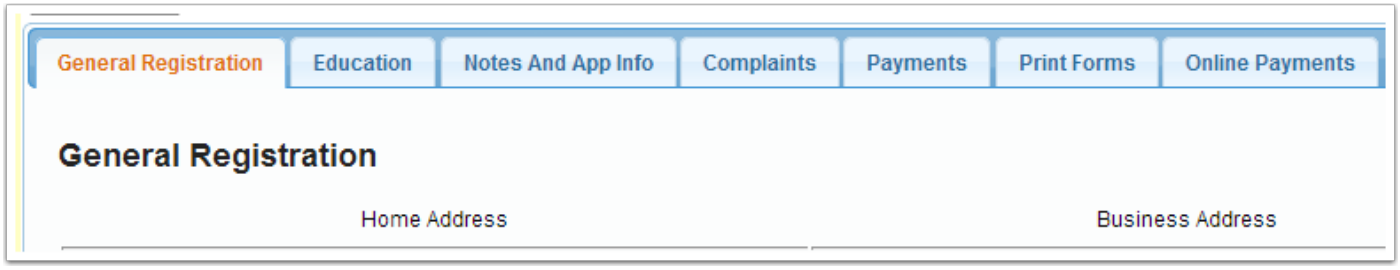
- There are certain fields that you can use to update your information. (example: Home and Business Address, Phone Numbers, Email, Password)
- If you have met all the requirement for online renewal you can renew your license and pay your fees online.
- You can also add your picture to your profile.

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

LPC Profile Management - Profile - Tabs

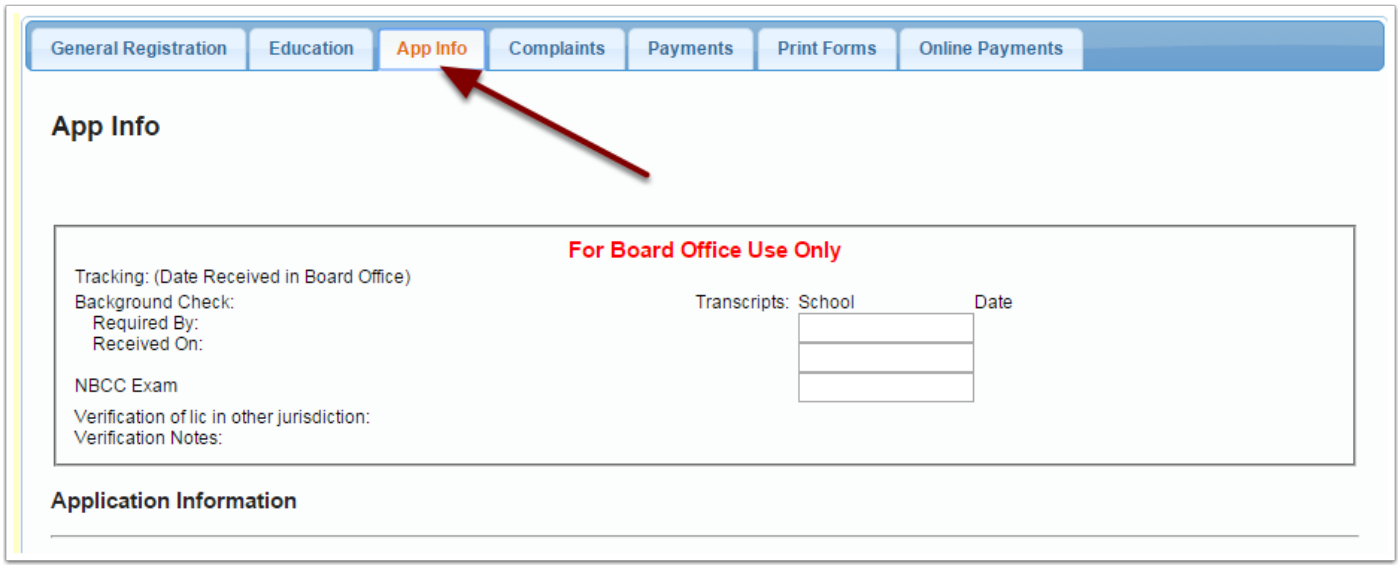
About the middle of the screen is a row of tabs that contain groups of information. When you click on one of these tabs you will see your information for that area.

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

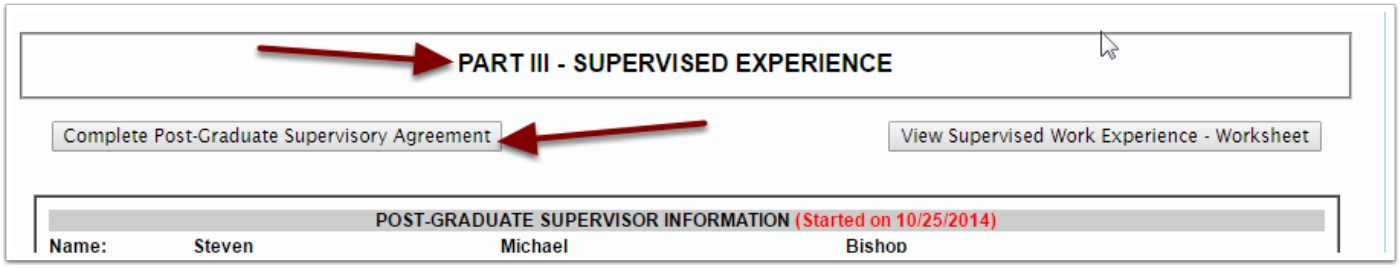


Post-Graduate Supervisory Agreement - Supervisee - Step 4

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)



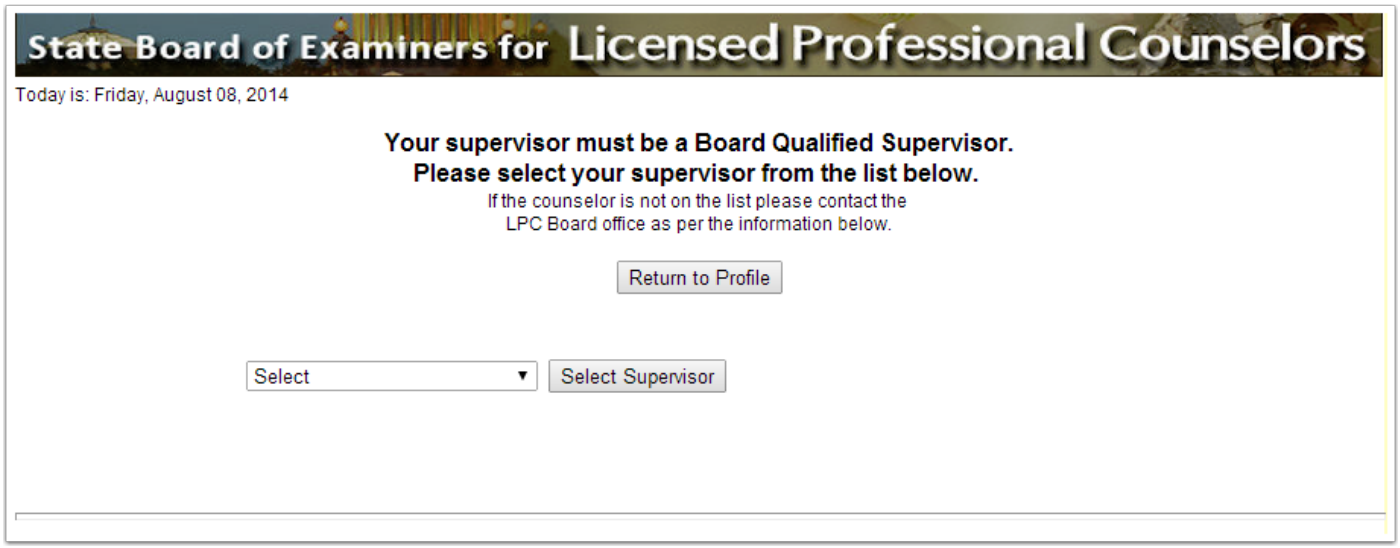
Post-Graduate Supervisory Agreement - Supervisee - Step 4a



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.

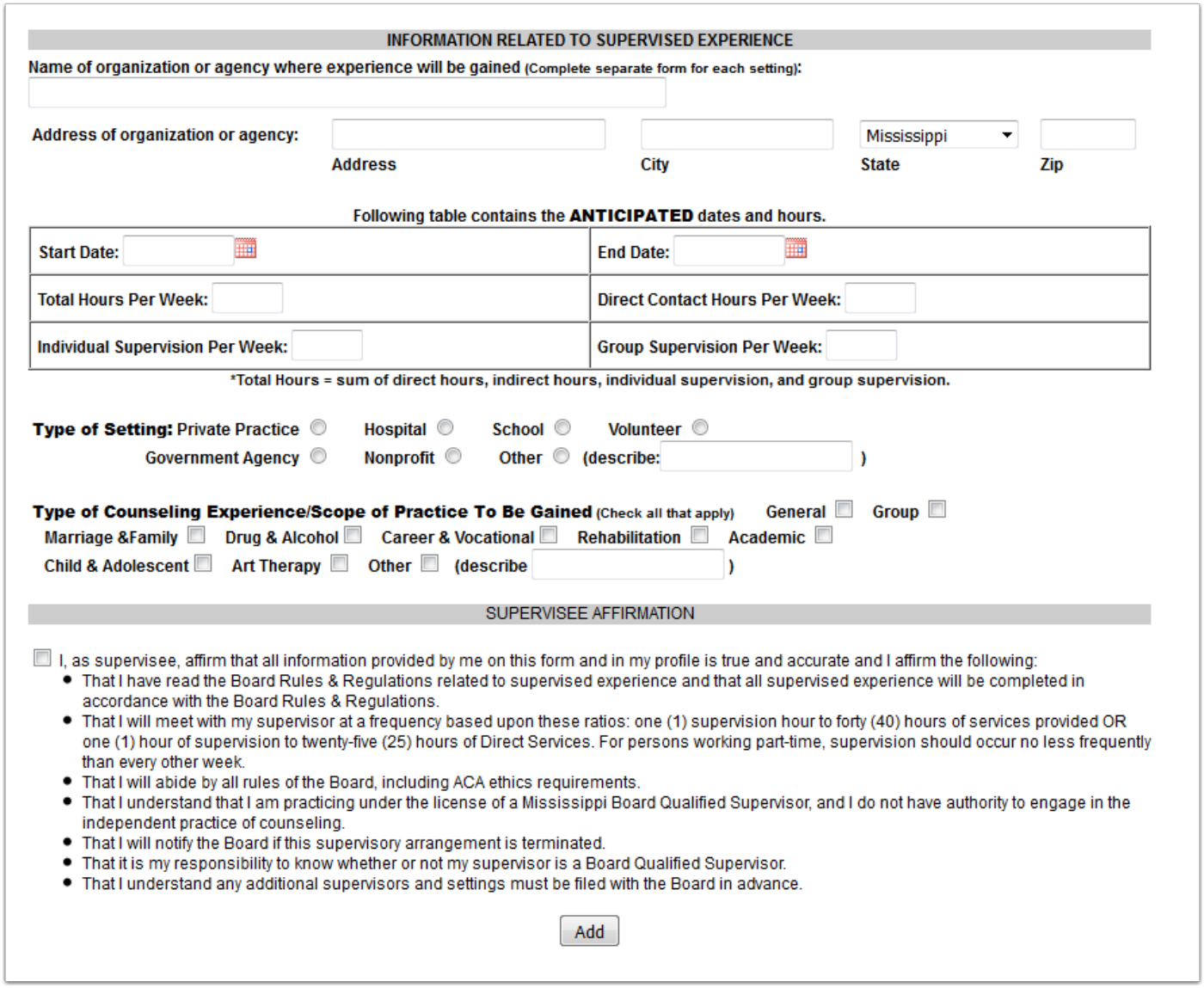
The dropdown list will show all counselors that are board qualified.



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):

Address of organization or agency: Address | City | Mississippi (State) | Zip

Following table contains the **ANTICIPATED** dates and hours.

Start Date:	End Date:
Total Hours Per Week:	Direct Contact Hours Per Week:
Individual Supervision Per Week:	Group Supervision Per Week:

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

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)

SUPERVISEE AFFIRMATION

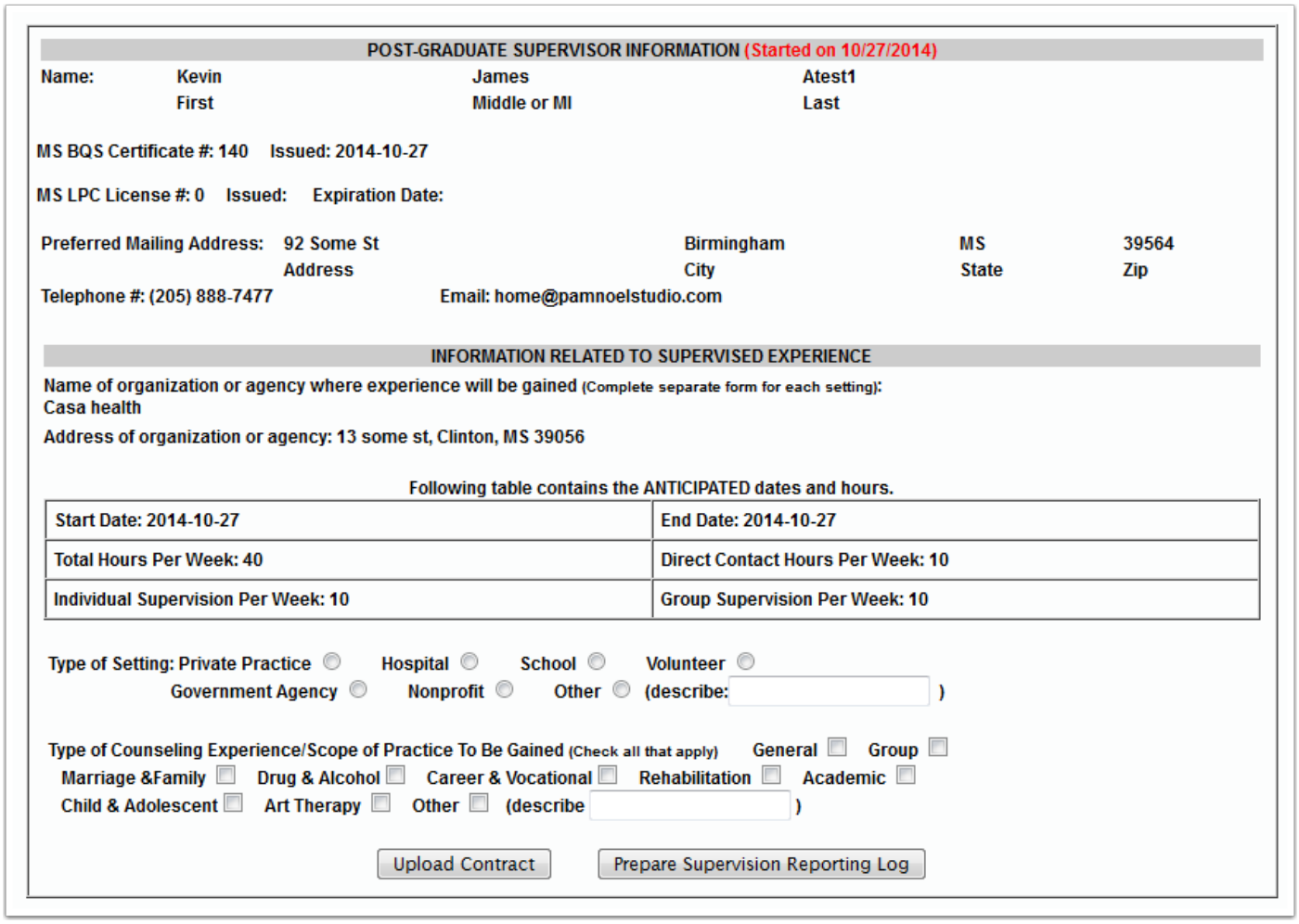
I, as supervisee, affirm that all information provided by me on this form and in my profile is true and accurate and I affirm the following:

- That I have read the Board Rules & Regulations related to supervised experience and that all supervised experience will be completed in accordance with the Board Rules & Regulations.
- 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.
- That I will abide by all rules of the Board, including ACA ethics requirements.
- 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.
- That I will notify the Board if this supervisory arrangement is terminated.
- That it is my responsibility to know whether or not my supervisor is a Board Qualified Supervisor.
- That I understand any additional supervisors and settings must be filed with the Board in advance.

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.



POST-GRADUATE SUPERVISOR INFORMATION (Started on 10/27/2014)

Name: Kevin (First) James (Middle or MI) Atest1 (Last)

MS BQS Certificate #: 140 Issued: 2014-10-27

MS LPC License #: 0 Issued: Expiration Date:

Preferred Mailing Address: 92 Some St (Address) Birmingham (City) MS (State) 39564 (Zip)

Telephone #: (205) 888-7477 Email: home@pamnoelstudio.com

INFORMATION RELATED TO SUPERVISED EXPERIENCE

Name of organization or agency where experience will be gained (Complete separate form for each setting):
Casa health

Address of organization or agency: 13 some st, Clinton, MS 39056

Following table contains the ANTICIPATED dates and hours.

Start Date: 2014-10-27	End Date: 2014-10-27
Total Hours Per Week: 40	Direct Contact Hours Per Week: 10
Individual Supervision Per Week: 10	Group Supervision Per Week: 10

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)

Upload Contract | Prepare Supervision Reporting Log

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.

SUPERVISION REPORTING LOG

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				Indrect Services/ Other Services	Supervision		Total hours (of supervised clinical practice – not more than 40/week)
	Indvidual	Couples/ Family	Group	Testing/ Assess		Individual Supervision Hours (with Supervisor)	Group Supervision Hours (with Supervisor)	
	0	0	0	0	0	0	0	

Add Return to Profile

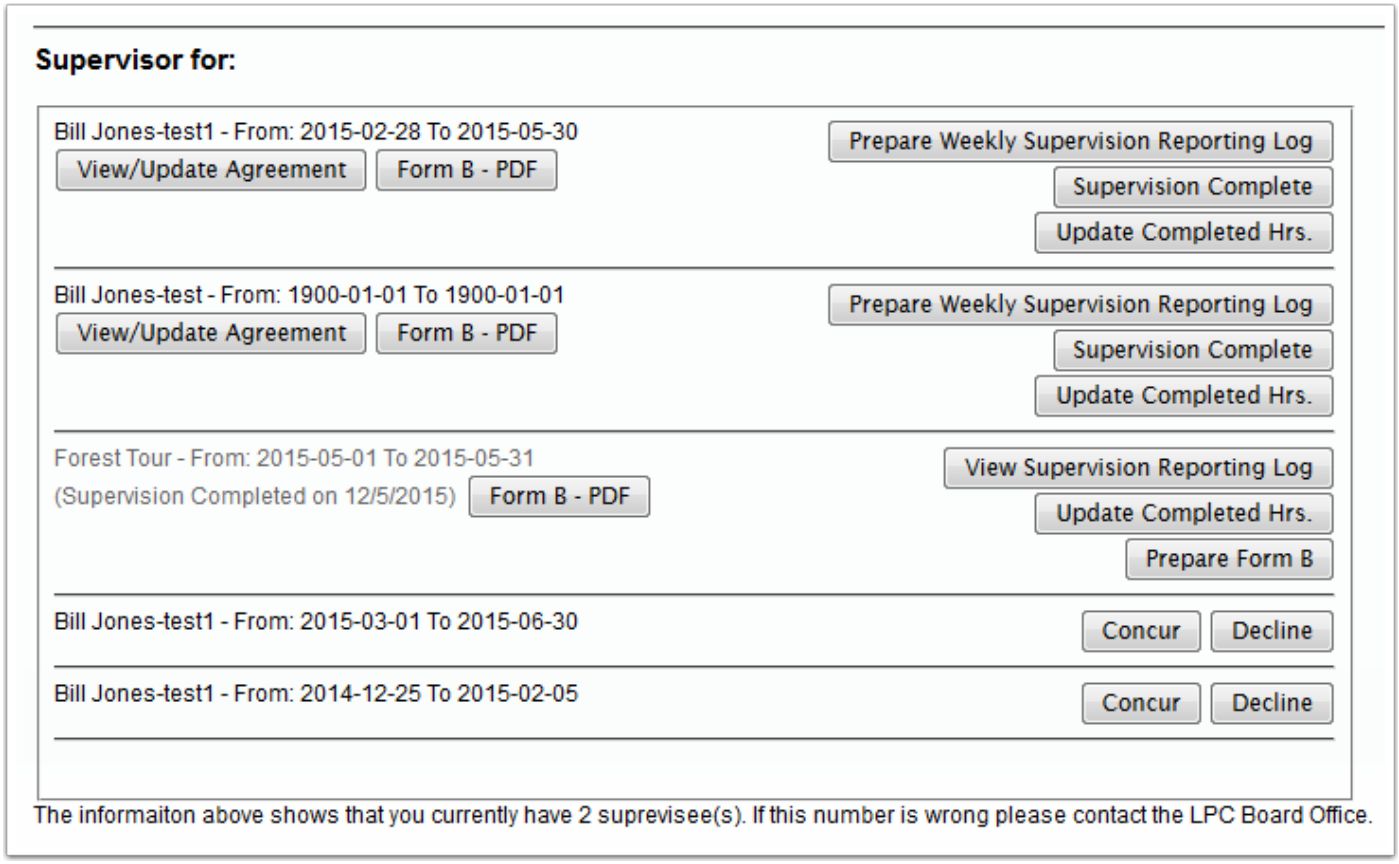
Reports from Previous Weeks

Date of the first day of the week (Sunday or Monday)	Direct Services/Face to Face Counseling				Indrect Services/ Other Services	Supervision		Total hours (of supervised clinical practice – not more than 40/week)	
	Indvidual	Couples/ Family	Group	Testing/ Assess		Individual Supervision Hours (with Supervisor)	Group Supervision Hours (with Supervisor)		
2015-07-27 Approval Needed	0	0	7	0	7	7	0	21	Delete Edit
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	
Total Hours	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.



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.

SUPERVISION REPORTING LOG

Direct and Indirect Services

Supervisor: Lisa Jones aaJones-test | **Supervisee: Bill Jones-test1**

Place of Employment/Internship:

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				Indrect Services/ Other Services	Supervision		Total hours (of supervised clinical practice – not more than 40/week)
	Indvidual	Couples/ Family	Group	Testing/ Assess		Individual Supervision Hours (with Supervisor)	Group Supervision Hours (with Supervisor)	
	0	0	0	0	0	0	0	

Add Return to Profile

Reports from Previous Weeks

Date of the first day of the week (Sunday or Monday)	Direct Services/Face to Face Counseling				Indrect Services/ Other Services	Supervision		Total hours (of supervised clinical practice – not more than 40/week)	
	Indvidual	Couples/ Family	Group	Testing/ Assess		Individual Supervision Hours (with Supervisor)	Group Supervision Hours (with Supervisor)		
2015-07-27 Approve	0	0	7	0	7	7	0	21	Delete Edit
2015-07-20	0	0	7	5	0	0	0	12	Edit
2015-07-06	3	0	0	0	3	0	2	8	Edit
2015-05-10	6	6	0	6	0	0	0	18	Edit
2015-02-01	0	0	2	0	2	2	0	6	Edit
2014-07-28	0	9	0	0	9	0	9	27	Edit
2014-06-01	0	5	5	5	0	0	0	15	Edit
2014-02-01	9	0	9	0	0	0	9	27	Edit
Total Hours	18	20	23	16	14	2	20	113	