



**MISSISSIPPI STATE
BOARD OF EXAMINERS FOR
LICENSED PROFESSIONAL COUNSELORS**

**QUALIFIED SUPERVISOR
APPLICATION PACKET**



MISSISSIPPI STATE BOARD OF EXAMINERS FOR LICENSED PROFESSIONAL COUNSELORS

QUALIFIED SUPERVISOR APPLICATION

After July 1, 2008 applicants for licensure in Mississippi must be supervised by a Mississippi Qualified Supervisor (LPC-S) as approved by the Board. The required documentation for becoming a Mississippi Qualified Supervisor is listed in the **APPLICATION CHECKLIST** below. Please refer to the *Rules and Regulations, Mississippi State Board of Examiners for Licensed Professional Counselors*, Chapter 4, Section 4 for a detailed explanation. Once approved as a Mississippi Board Qualified Supervisor, all supervisors shall submit a signed copy of the contract for every active supervisee. A Supervision Reporting Log is included at this website.

You may refer to the standards and ethical guidelines for supervision provided by the [American Counseling Association 2014 Code of Ethics](#) Section F.

A Qualified Supervisor is an LPC licensed in Mississippi who has the required experience, has trained in supervision, is a current member of a professional association, and has been approved by the board to provide supervision. Supervisors monitor the performance of an individual by providing regular, documented face-to-face consultation, guidance, and instruction with respect to the clinical skills and competencies of the supervised individual (*Rules and Regulations, Mississippi State Board of Examiners for Licensed Professional Counselors*, Chapter 1, Section 4, Subsection E). Once approved all supervisors shall submit a signed copy of a contract of every active supervisee. Academic supervisors are not required to submit a contract.

If you are an Approved Clinical Supervisor (ACS), you are required to apply to the Mississippi Board to become a Mississippi Qualified Supervisor. You may do this by providing a copy of your ACS Certificate and completing this application.

APPLICATION CHECKLIST

Please maintain a copy of all application documentation for your records.

- Application:** completed and indicating training option selected.
- Current Resume/Vita:** Hard Copy Electronically On file in Board office
- Clinical Experience:** at least five (5) years post degree experience in a clinical setting and at least two (2) years post licensure.
- Proof of liability insurance**
- Supervisor Contract:** This requirement* provides for disclosing to the supervisee the process of supervision. Please include:
 - Informed Consent:
 - Brief philosophy of supervision (one to two paragraphs);
 - Expectations of supervisee; and
 - Responsibilities of supervisee and supervisor.
 - Policy on client back-up when out of the office;
 - Terms of supervision;
 - Fees for supervision; and
 - Signatures of both supervisee and supervisor.

*These requirements are adapted from the American Association of State Counseling Board's (AASCB) Approved Supervisor Model (http://www.aascb.org/aws/AASCB/asset_manager/get_file/37297).

Once approved as a Mississippi Board Qualified Supervisor (LPC-S), all supervisors shall submit a signed copy of the Supervisor Agreement Form **and** the contract for every active supervisee **prior** to beginning supervision. A Supervision Reporting Log example is available at this website.

- Membership:** proof of current professional organization membership.
- Background Check:** (when requested)
- Appropriate Documentation** for selected option:
 - Option 1 – Graduate Level Academic Training**
 - Official Transcript delineating course in supervision
 - Official Transcript and course description indicating supervision training if “supervision” is not in the title of the course
 - Option 2 – Professional Training**
 - Certificate/Proof indicating completion of Training which included at least 30 direct contact hours with trainers.
 - Option 3 – NBCC Approved Clinical Supervisor**
 - Copy of Approved Clinical Supervisor Certificate
- Application for Board Qualified Supervisor Fee:** \$50.00 (check or money order made payable to MS LPC Board)



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QUALIFIED SUPERVISOR APPLICATION

Name: _____ **SS#:** _____

Home Address: _____ **DOB:** _____

Home Phone: _____ **Home Fax:** _____

Home Email Address: _____

Business Address: _____

Business Phone: _____ **Business Fax:** _____

Business Email Address: _____

Contact information you prefer supervisees use to contact you:

_____ **Home** _____ **Business**

LPC License #:

**Date Licensed
First Issued:**

**License
Expiration Date:**

Years in Clinical Practice: _____

Areas of Specialty: _____

Other licenses or certifications (provide copies):

License/Certificate #:	Date Issued:	Expiration Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your license in Mississippi or another state ever been subject to any type of discipline, i.e. probation, suspension, revocation, etc: Yes: _____ No: _____
(If yes, attach explanation).

Education/Training:

Degree Earned	Date Degree Earned	Major	Institution Name and Location

Indicate Option to meet Qualified Supervisor requirements:

- _____ **Option 1** (Graduate coursework)
- _____ **Option 2** (professional training)
- _____ **Option 3** (ACS)

Current Resume/Vita: Hardcopy _____ Electronically _____

Professional Organization Membership (list name and membership number):

Attestation:

By submitting this application for Qualified Supervisor, I agree to:

- a) fulfill the continuing education requirements for supervisors;
- b) abide by the current *ACA Code of Ethics*; and
- c) abide by the Mississippi supervision requirements.

I accept responsibility for keeping myself aware of current requirements for supervision.

Signature: _____ Date: _____

Attach Supporting Documentation