

## Reporting Supervised Experience Hours - Step 1

Go to <https://www.lpc.ms.gov/secure/login.asp> and enter your login information.

LICENSED PROFESSIONAL COUNSELORS


Today is: Monday, January 06, 2020

### Licensee Login

If you are a Licensed Professional Counselor you can login and make updates to your information. You can also renew your license if all your requirements are current. [Login and Profile Instructions](#)  
[Click Here for online renewal instructions](#)

Email:

Password:

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

This login is only for Licensed Professional Counselors and those who have already created an online profile through the Post Graduate Supervisory Agreement or Application process.

If you are not a Licensed Professional Counselor or have not already created a profile [Click Here.](#)

## Reporting Supervised Experience Hours - Step 2

Once you have logged into your profile, click the App Info tab and scroll down to PART III - SUPERVISED EXPERIENCE. Locate the work experience associated with the hours you wish to report.

General Registration | Education | **App Info** | Complaints | Payments | Print Forms | Online Payments

## App Info

For Board Office Use Only

Tracking: (Date Received in Board Office)  
 Background Check: 2016-09-30  
 Required By: 2016-09-30  
 Received On: Not Received

Transcripts: School      Date

## Reporting Supervised Experience Hours - Step 3

Click the View/Prepare Supervision Reporting Log button.

TOTAL HOURS\*: 140    DIRECT CONTACT: 50    INDIRECT CONTACT: 25    INDIVIDUAL SUPERVISION: 30    GROUP SUPERVISION: 35  
 \*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 Declaration of Practice     View Contract    

**Declaration of Practice received on: 2018-07-27**  
**Declaration of Practice has been approved by the supervisor.**  
**Supervisor Contract received on: 2018-07-18**

**Form B received on: 2017-02-07**

## Reporting Supervised Experience Hours - Step 4

1. At the top of the screen is the input form to add a new week of hours. Enter the first day of the week and the hours for that week. Click the Add button and the information will be added to the list at the bottom of the form.

2. The hours must be approved by your supervisor. Weeks shown in white have been approved. The total of your approved hours is shown at the bottom of the list.

## SUPERVISION REPORTING LOG

**Face to Face (individual, family, couple, and group counseling) and Other Services**

**Supervisor:** Kevin James Atest1      **Supervisee:** Lisa Jones aaJones-test

**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" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>

If you have any questions please contact the board office.

### 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)		
2019-01-13	5	5	5	5	5	5	5	35	
2018-12-02 Approval Needed	10	5	3	7	3	5	5	38	<a href="#">Delete</a> <a href="#">Edit</a>
2018-09-23 Approval Needed	6	6	6	6	7	5	4	40	<a href="#">Delete</a> <a href="#">Edit</a>
<b>Total Hours</b>	5.00	5.00	5.00	5.00	5.00	5.00	5	35	