Nuts and Bolts of Supervision: P-LPC to LPC Candidate Application

Supervised Experience requirements for the LPC

LPC requirements (Beginning July 1, 2018)

> > 3,000 post-masters
> > 1,200 direct services
> > 100 supervision

Supervision Contract Requirements

P-LPCs must report supervised hours using the online log portal provided through the LPC Board's website.

Supervised Experience must be entered in the online reporting log weekly and LPC-S reviews/edits/approves.

Documenting Supervised Experience

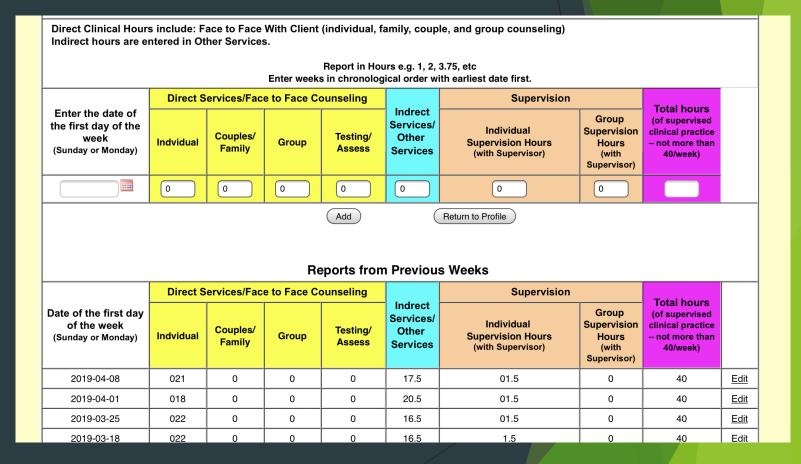
General Registration	Education	App Info	Complaints	Payments	Print Forms	Online Payments			
General Regist	ration								
	PUBLI	SHED ADDRE	SS (Public): O	НОМЕ 🖲 В	USINESS O	O NOT PUBLISH			
				>_					
Anticipated Dates: (Supervision bega			0 10/19/202	0	/iew/Prepare	e Supervision Re			nt Complete
View/Update Agr	reement	Form B -	PDF						
Print/View Declar	ration of Pr	actice							

Documenting Supervised Experience

Complete during supervision

OR

Verify



Supervision Documentation

Form B is prepared by LPC-S and submitted electronically for the Board to review

General Registration Tab

General Registration	Education	App Info	Complaints	Payments	Print Forms	Online Payments			
General Regist	ration								
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Today is: Wednesday, April 17, 2019

Are you sure you want to end this agreement with Test Atest

If you click Yes, you will not be able to make any further edits to the reporting logs.

lf y	es pro	ovide th	e info	rmation	below:
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.....

Date the agreement was ended: 2019-04-17

Reason for ending supervision:

Completed terms of Agreement	
Supervisee moved to another location	
Due to professional or personal conflict - Explain in box below	
Other - Explain in box below	

Yes No

Verify/enter hours

Click update

		Below is a list of the S	upervised Experiences e	ntered.		
Name:	Richard		Strebeck			
	First	Middle or MI	Last			
Address:	11201 O	ld Highway 49	Gulfport	MS	39	9503
	Address		City	State	Zi	р
Place of empl	oyment where Superv	isory Hours were obtained: William	Carey University Tradition Campus			
Address of c	organization or agen	cy:	19640 Highway 67	Biloxi	MS	39532
			Address	City	State	Zip
Date of Super	vervised experience:	FROM: 2019-04-09 TO: 2021-04	1-05			
BQS: O No	O Yes DATE BO	QS APPROVED: 2008-05-15 BQS	No.: 11			
		Anticipated weekly hou	urs as per this Post Grad Agreem	ent		
TOTAL HOUF		ONTACT: 25 INDIVIDUAL SUPE				
		indirect hours, individual supervision		SION: U		
			n, and group supervision.			
		AL HOURS: 0 DIRECT CONTACT:	d Hours of Supervision <u>0</u> INDIRECT: <u>0</u> INDIVIDUAL SUPI CONTACT: <u>0</u> INDIVIDUAL SU	_	P SUPERV GROUP SUP	
			0			
	*Total	Hours = sum of direct hours, indire	ct hours, individual supervision, and	group supervision.		
supervision other week	for every twenty-five		nour for every forty (40) hours of ser persons working part-time, supervis			
At the time	of supervision my exp	erience/employment was				
)%			

CERTIFICATION OF SUPERVISION:

I hereby certify that I supervised the Professional Counseling practice of the above-named Applicant during the following period(s):

FROM: <u>4/30/2019</u> TO <u>4/30/2019</u> LOCATION: <u>William Carey University Tradition Campus</u>

TOTAL HOURS: <u>100</u> DIRECT CONTACT: <u>50</u> INDIRECT: <u>40</u> INDIVIDUAL SUPERVISION: <u>10</u> GROUP SUPERVISION: <u>0</u> *Total Hours = sum of direct hours, indirect hours, individual supervision, and group supervision.

At the time of supervision the applicant's employment was (check only one)

FULL TIME	0	PART TIME AT	25)%
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MS LPC 04.20.16

Board Office Use Only

Envelope Sealed & Signed
Signature Matches Form

DESCRIPTION OF PRACTICE SUPERVISED: (Please provide detailed description.)

Complete Description of Practice

Make recommendation

RECOMMENDATION AND VERIFICATION:

I, the undersigned Supervisor or authorized representative, attest that I provided the supervision described above- that this is a true and accurate representation of that supervision and that I:

Recommend, without reservation, that the applicant be considered for licensure.

Recommend with some reservations, that the applicant be considered for licensure. \bigcirc

I have included my explanation in the Description of Practice Supervised box above.

O Do Not Recommend that the applicant be considered for licensure.

I have included my explanation in the Description of Practice Supervised box above.

BY CHECKING THIS BOX, I AM CERTIFYING THAT THE INFORMATION SUBMITTED BY ME IN THIS FORM IS TRUE AND COMPLETE \bigcirc TO THE BEST OF MY KNOWLEDGE AND BELIEF. (When you check this box and Save the Form no further changes can be made to the form.)



Save Form

Apply for LPC

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Today is: Thursday, April 09, 2020	
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