

# PLAN OF SUPERVISION FOR LAPC LICENSURE

Name and Credentials of Supervisor \_\_\_\_\_

Supervisor address and contact information \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

ND Counselor Supervisor Certification Number \_\_\_\_\_

Practice Setting

\_\_\_\_\_  
\_\_\_\_\_

Type of counseling (brief job description) \_\_\_\_\_

\_\_\_\_\_

Schedule of Supervision, both face to face and group \_\_\_\_\_

\_\_\_\_\_

Is this supervision and two-year experience intended to result in clinical licensure (LPCC) ? \_\_\_\_\_

If yes, please list [LPCC licensure requirements](#) that will be fulfilled through this two-year Plan. *Please note, LPCC application requires two years of supervised clinical experience in a clinical setting with a clinical supervisor. If the clinical work as described does not begin immediately, the clinical clock will start when the clinical work does, and LPCC application may take place two years from that point. The National Clinical Mental Health Counselor Exam may be taken during the second year of clinical LAPC practice.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the **Supervision Guidelines** found under the LAPC Licensing link on the NDBCE website and understand any interruption or change in supervision must be reported to the NDBCE immediately. I have also read **Section F: Supervision, Training and Teaching**, in the *ACA Code of Ethics, 2014*, found on the NDBCE website.

\_\_\_\_\_  
Supervisee Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Supervisee Name (print clearly)

\_\_\_\_\_  
Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Supervisor Name (print clearly)