

**REQUESTING A CHANGE IN THE PLAN OF SUPERVISION
AND/OR A CHANGE IN SUPERVISORS FOR LAPC'S**

Occasionally it may be necessary for an LAPC to request a change in supervision. The following is the procedure that will be required:

The LAPC must submit to the board in writing a request to change/add supervisors.

The request must include:

- The Supervision Verification Form listing the hours received to date from the current supervisor or former supervisor. The form must be signed and dated by the current supervisor or former supervisor. **See attached form**
- A letter from the former supervisor describing the supervision that was received, and the reason the supervision will be terminated. May use comment section on Verification Form.
- The name(s) of the proposed certified supervisor(s), and documentation of his/her/their credentials. Can be included in the request made to the Board.
- A Plan of Supervision for each supervisor, both current and new if the request is to add a supervisor and edit the current Plan. The Plan should include the proposed clients, proposed methods, and proposed supervision schedule. **See attached form**

The Board will then review the request and notify the LAPC of the approval.

Please remember LAPC licenses are granted in part on the Plan of Supervision, which indicates **on-going supervision at regular intervals**. An LAPC license is designed for the counselor to practice under supervision only, therefore any interruptions in supervision must be reported to the board immediately.

I have attached and completed all requested information.

Signature of counselor and LAPC Lic. #

Print name

Date

**SUPERVISION REPORT FORM
LICENSED ASSOCIATE PROFESSIONAL COUNSELOR**

Supervisee's Name: _____
Supervisee' Address: _____
Agency or Office: _____
Job Title: _____

This form records the supervision received by the above named Licensed Associate Professional Counselor (LAPC). The information is summarized in the space below. As certified supervisor or former certified supervisor, you are asked to verify the accuracy of this information.

The supervision must include individual, face-to-face meetings that occur at regular intervals. Supervision in a group setting may also be provided such as in case conferences among members of a professional staff or other arrangement. A total of 100 hours of supervision through individual and group methods is required for advancement to LPC status. At least sixty (60) hours of the total must be in individual, face-to-face supervision. Please list the hours you provided toward the requirement.

Summary of Supervision

Number of Hours of Individual Supervision: _____
Number of Hours of Group Supervision: _____
Total Number of Hours of Supervision: _____
Total Number of Client Contact Hours to date: _____

Comments: _____

Supervisor's Signature: _____
Print or Type Name: _____
Job Title: _____
Professional Credentials: _____
Date Signed: _____

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 and LAPC Lic. # _____ Date _____

Supervisee Name (print clearly) _____

Supervisor Signature _____ Date _____

Supervisor Name (print clearly) _____

North Dakota Board of Counselor Examiners
2112 10th Ave. SE
Mandan, ND 58554

email: ndbce@outlook.com
phone: 701-667-5969

Supervisor evaluation for LAPC

NDBCE Administrative Rules 97-02-01-08.2 (1) and 97-02-01-01.2 (3)

The LAPC's supervisor shall provide, to the supervisee and the NDBCE, an evaluation of the supervision process that includes but not limited to:

Professional counseling knowledge, skills, values and ACA Code of Ethics

Standards of practice and ethical conduct with emphasis on the professional counselors role, responsibilities, boundaries, and power dynamics

Supervisees permissible scope of practice.

SUPERVISOR:		
Name	License Number/License Type	Supervisor Certification Number
SUPERVISEE:		
Name/License Number	Work Site Where Clinical Hours are obtained	

Evaluation/Supervision from _____ to _____ Date Supervision initially started: _____

This report	Hours to date
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Hours of supervised counseling experience since last report _____

Hours of face to face counseling client contact since last report _____

Hours of individual counselor supervision since last report _____

Hours of group counselor supervision since last report _____

Did supervisee provide counseling assessment and diagnosis techniques under your direct supervision? ____% of time

Did supervisee provide counseling treatment planning and implementation under your direct supervision ____% of time

Did supervisee provide counseling appraisal, evaluation and diagnostic procedures under your direct supervision? ____% of time

Did supervisee provide counseling case management and recordkeeping under your direct supervision? ____% of time

Did supervisee demonstrate minimum competencies in professional counselor identity and functions while under your direct supervision? Yes No

Did supervisee demonstrate minimum competencies in professional counseling ethics and standards of practice (ACA Code of Ethics) and professional boundaries while under your direct supervision? Yes No

Do you have any concerns about the competency of the supervisee? If yes, use separate page. Yes No

Comments:

Supervisor signature _____ Date _____

Comments:

Supervisee signature _____ Date _____

Dates reports are due: (Every six months)