

Oregon Board of Licensed Professional Counselors & Therapists

INSTRUCTIONS
for
FORM #2 -- SUPERVISED WORK EXPERIENCE

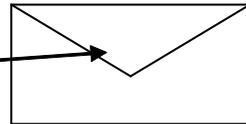
APPLICANT INSTRUCTIONS

- Complete the Waiver on the first page for release of information by your direct clinical supervisor.
- The entire form must be completed and stapled together before submission.
- You may assist your supervisor in compiling the information, but the completed form must be returned to you in a **sealed envelope with the Supervisor's signature written across the seal.**

SUPERVISOR INSTRUCTIONS

You have been authorized to provide information documenting the applicant's experience as a counselor/therapist under your direct clinical supervision. This information will be part of a public record.

- Complete the entire form. Please take time to fully answer all the questions.
- Sign the work detail pages, and place the whole form in an envelope with the applicant's name on the front.
- Seal the envelope.
Sign across the sealed flap.
Return the sealed envelope to the applicant.**



Applicant _____

Setting: _____

Supervisor Signature: _____
 Date of Signature: _____

List direct client counseling hours and formal supervision meetings. [Indicate if estimates are used rather than actual hours from recorded logs. The Board prefers actual hours, so please explain in writing how estimates were determined if used.]

Client Contact Period	Direct Client Contact Hours			Supervision Dates and Hours			
	By Month / Year	Face to Face	By Phone	Total	Individual Face to Face	Individual By Phone	Group
EXAMPLE: May 2001	42	3	45	2		1.5	3.5
SUB TOTALS							

Photocopy additional blank detail forms as needed.

Page _____