

Oregon Board of Licensed Professional Counselors & Therapists

INSTRUCTIONS  
for  
FORM #2 -- SUPERVISED WORK EXPERIENCE

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**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.**

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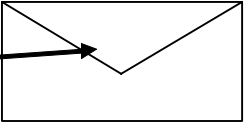
**SUPERVISOR INSTRUCTIONS**

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.**



The diagram shows a simple line drawing of an envelope with its flap folded down. A black arrow points from the text 'Sign across the sealed flap.' to the center of the envelope's flap.



### Supervisor Credentials

*Fill in the following information about yourself at the time the supervision was taking place.*

1. Graduate degree: \_\_\_\_\_ In: \_\_\_\_\_ Date degree was issued: \_\_\_\_\_  
[MA/ MS] [ subject ]  
From [institution]: \_\_\_\_\_

**For LMFT applicants only:** List graduate courses/other training [but NOT experience] in marriage and family treatment specialties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Mental health profession license, national supervisor credential, or national counselor / clinical supervisor certification held.

\_\_\_\_\_ Date Issued: \_\_\_\_\_  
\_\_\_\_\_ Date Issued: \_\_\_\_\_  
\_\_\_\_\_

3. After completing your mental health graduate training:

You have counseled for how many years under clinical supervision: \_\_\_\_\_  
You have counseled for how many years before you began supervising the applicant: \_\_\_\_\_

4. List at least 30 clock hours of post-masters **training** in supervision [**NOT experience**]. List workshops, seminars, graduate level class, and / or doctoral studies. Be prepared to document if requested by Board.

DATE	TITLE & SPONSOR	CONTENT	CLOCK HRS

I attest the information I have provided the Board is true, and I take responsibility for the information I have provided.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

Supervisor's Name, Address, and Telephone Number [please print legibly]:

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

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.

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