
REQUEST FOR PLACEMENT ON SUPERVISOR REGISTRY

Your Name: _____

Agency Name: _____

Location Address: _____

Mailing Address: _____

City / State / Zip _____

Telephone: _____ E-mail: _____

A. SUPERVISION EXPERIENCE (List registered interns, graduate students, counselors, or therapists you have supervised in the last five years.)

Name of Supervisee:	Dates of Supervision	LPC	LMFT

B. NATIONAL SUPERVISOR CREDENTIAL:

Certification Title _____ Issuing organization _____

Certification No. _____ Original issue date _____ Expiration date _____

C. SUPERVISION TRAINING: Completed 30 clock hours of **post-masters training** in supervision theory and practice through master's workshops or post-master's graduate level academic coursework. List coursework, workshops or seminars.

Title of class / workshop / seminars	Sponsor of program	Date taken	# clock hours

If you wish to supervise LMFT interns, please list graduate-level training in systemic theory and approach to couples and families issues:
