



BOARD OF LICENSED PROFESSIONAL COUNSELORS & THERAPISTS

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503-378-5499 ▪ Fax: 503-470-6266

Oregon.gov/OBLPCT

Supervision of Supervision and Documented Experience Form

This form is required for licensees who are applying to become Approved Supervisors.

Applicant Name: _____ License #: _____

Supervisor Name: _____ License #: _____

Requirement:

- Applicants must document at least 6 hours of supervision by a Board-Approved Supervisor with the past 2 to 5 years.
- Applicants may have up to two Approved Supervisors.
- Each Approved Supervisor must complete this evaluation form.

Record of Supervision of Supervision:

(Attach additional table if needed)

Month	Year	Total Hours Supervising Associates or Student Interns (by Applicant)	Total Hours Supervision of Supervision (Received from Approved Supervisor)

To be Completed by Supervisor:

This Applicant has demonstrated overall performance at or above the level of minimal competency expected for independent clinical supervision, and I endorse this person for Approved Supervisor status without reservation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I swear and affirm by my signature that all information provided in this form is true and correct.

Applicant Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____