

**BOARD OF LICENSED PROFESSIONAL COUNSELORS & THERAPISTS**

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Oregon.gov/OBLPCT

Supervision of Supervision and Documented Experience Form**This form is required for licensees who are applying to become Board-Approved Supervisors.****Applicant:** Name: _____ Oregon License #: _____**Supervisor:** Name: _____ License #: _____

Licensed State: _____ License Type: _____

Supervision Requirements & Instructions:

- Min. 100 hours of post-licensure experience supervising registered associates (or equivalent) or interns.
- Min. 6 hours of post-licensure supervision: 1) by an Oregon Board-Approved Supervisor in Oregon, or 2) if supervision is completed in another state, by a supervisor that has at least two years of licensure as a mental health professional based on a graduate degree.
- Applicants may have up to two supervisors as per above; each must complete this evaluation form.
- Upload this completed form in the Licensee Portal with your Supervisor Registry Application.

Record of Supervision of Supervision:*(Attach additional table if needed)*

Month	Year	Total Hours Supervising Associates or Student Interns (by Applicant)	Total Hours of 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: _____