
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:

Do you have the skills and experience to work with interns who are blind, deaf, speak other languages, have disabilities? Please indicate _____

Your specialty area of counseling/therapy _____

D. SUPERVISOR RESPONSIBILITIES:

- Ensure compliance with Board’s administrative rules.
- Provide ongoing, clinical supervision in a professional setting.
- Discuss and review case notes, charts, records, and available audio or visual tapes for all clients.
- Review and closely supervise representative and problem cases providing special attention to assessments, diagnosis, treatment planning, case management, emergency intervention, record keeping, and termination.
- Focus on the appropriateness of the treatment plans.
- Monitor the appropriateness of clients served based on the intern’s therapeutic skill. Direct the intern to refer clients who fall beyond their level of competence.
- Maintain confidentiality of all client information.
- Review the Oregon licensing laws, administrative rules, and the Board’s Code of Ethics with intern.
- Seek timely clarification/consultation from the Board if you encounter any problems or conflicts between commitment of agency, administrative supervisor, and client or other conflicts relating to the authority, dependency, or shared responsibility for fulfilling the responsibilities.
- Establish and maintain a record-keeping system to track each intern’s direct client contact and supervision hours. Be prepared to provide supporting documentation verifying the accuracy of information reported.
- Submit Six-month Evaluation Reports within one-month of end of reporting period.
- Notify the Board of any changes to supervisor’s contact information or licensing status.
- Notify the Board immediately of any interruption or proposed termination of the plan.
- Notify the Board if you have concerns about an intern being licensed.

CERTIFICATION / SIGNATURES

I certify that the information provided in this document is true and correct to the best of my knowledge. I agree to follow the provisions set forth. I understand my responsibilities. I understand that knowingly making a false statement in connection with this request may result in disciplinary action.

Signature of Registry Applicant _____
Date

Submit completed form with signature to: Bd of Licensed Professional Counselors & Therapists
3218 Pringle Rd SE, #250
Salem, OR 97302-6312

For Board Use	
Effective Date: ____/____/____.	Renewal Date: ____/____/____.
<input type="checkbox"/> Approved to supervise LPC Interns	Supervisor candidate
<input type="checkbox"/> Approved to supervise LMFT Interns	Approved supervisor
Signature of Authorized Board Representative: _____	