



LOUISIANA LICENSED PROFESSIONAL COUNSELORS BOARD OF EXAMINERS

PLPC CHANGE/ADD Supervisor Application **(For Approved PLPCs ONLY)**

General Instructions:

- If in the course of your provisional licensure as PLPC you change or add a supervisor, you must complete the Provisional Licensed Professional Counselor (PLPC) Change/Add of Supervisor Application. This application must be completed and approved by the Board before you may begin accruing supervised experience hours with your new Board-Approved Supervisor.
- A fee of \$50 must accompany submission of the PLPC Change/Add of Supervisor Application to the Board. The fee must be paid in the form of a Money Order, Cashier's Check, or Certified Check. Personal Checks will **not** be accepted and will be returned to the applicant.
- An updated copy of your Declaration of Practices and Procedures must be submitted with this Application. Guidelines for writing your Declaration of Practices and Procedures (DOP) and a sample DOP are available on the Board website.
- If you are **changing supervisors**, you must submit a **Documentation of Experience (DOE) form completed by your current Board-Approved Supervisor**.
- Please be advised, you must continue supervision with your current Board-Approved Supervisor until a new supervisor is approved by the Board. If you discontinue supervision with your current Board-Approved Supervisor before you are approved to either change or add another supervisor, **you must cease counseling** until a new supervisor is approved by the Board.
- Please note that when making inquiries to the Board, staff members are **unable to pre-approve any applications**. Please consult the Board's website to obtain any applicable laws/rules in answering your inquiries. Official inquiries to the Board may be made in writing via email or regular mail.



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Applicant Information:

Applicant's Name: _____
(First) (Middle/Maiden) (Last)

Home Address: _____
(Street)

(City/State) (Zip Code)

Telephone: _____
(Home) (Work) (Cell)

Email: _____
Would you like this email address to be listed on the website? Yes No

Address you prefer to be used for all mail correspondence: Home Work

Address you prefer to be placed on the LPC Board Website: Home Work None

Social Security Number: _____ Date of Birth: _____

1. Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo to a crime (felony or misdemeanor) in any court, excluding minor traffic violations? Yes No
2. Do you have any pending legal charges, which may affect your status as a PLPC? Yes No
3. Have you had a professional license, registration and/or certificate in any state to be voluntarily or involuntarily relinquished, restricted, revoked, suspended, or denied? Yes No
4. Have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board? Yes No
5. Have you used or are you currently using any narcotics, controlled substances, or any alcoholic beverage in a manner that is dangerous to the public or in a manner that impairs your ability to provide mental health services to the public? Yes No
6. Do you have a medical condition which may in any way impair or limit your ability to practice professional counseling or therapy with reasonable skill and safety? Yes No

If you have answered yes to any of the above, please attach a separate sheet with a notarized explanation including dates, charges, court or regulatory authority, and an explanation of the situation including documentation of successful resolution of the charges and/or proof of felony expungement (if applicable).

Board-Approved Supervisor Information

Please Select One:

I am changing supervisors.

I am adding an additional supervisor.

Other _____

Board-Approved Supervisor Information:

LPC-Supervisor's Name: _____
(First) (Middle/Maiden) (Last)

Place of Employment: _____

Work Address: _____
(Street)

(City/State) (Zip Code)

Telephone: _____
(Home) (Work) (Cell)

Email: _____

Is the Supervisor a relative of the applicant? Yes No

If yes, please state relationship: _____

Plan-of-Supervision:

- The Plan of Supervision is a written agreement that establishes the supervisory framework for the PLPC's postgraduate clinical experience and describes the expectations and responsibilities of the supervisor and the supervisee.
- The supervisor and the supervisee must discuss the expectations and responsibilities of each party and complete the remainder of this form.
- If a PLPC has more than one approved supervisor, this form must be completed for all approved supervisors.

Date upon which supervision is to begin: _____

Expected date of conclusion of supervision: _____

Location where Supervision will be Conducted (Please check all that apply):

- Supervisor's Office
- Supervisee's Practice Setting
- Other (Please specify): _____

Frequency of Face-to-Face Supervision with Supervisor:

- Weekly
- Every Other Week
- Other (Specify) _____

What is the duration of a typical supervision session? _____

Type of Face-to-Face Supervision that will be utilized (Check all that apply):

- Individual Supervision (Supervision of 1 supervisee by one supervisor)
Expected Frequency: _____
- Group Supervision (Supervision of up to 10 supervisees by one supervisor)
Expected Frequency: _____
- Synchronous Videoconferencing
Expected Frequency: _____

Indicate the content areas for supervision that have been discussed and agreed upon by both supervisor and supervisee:

Content Area	Yes	No
1. The role and responsibilities of the supervisor and supervisee in the supervision process.	<input type="checkbox"/>	<input type="checkbox"/>
2. The supervisor's style of supervision.	<input type="checkbox"/>	<input type="checkbox"/>
3. The agreed upon theoretical orientation for the supervision.	<input type="checkbox"/>	<input type="checkbox"/>
4. How confidentiality will be maintained and limits of confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>
5. Confidentiality issues and coordination involved in working with any other clinical and/or administrative supervisors who might be involved in the practice setting.	<input type="checkbox"/>	<input type="checkbox"/>

6. Any issues, rules, regulations specific to institution/agency in which therapy and/or supervision will be conducted such as rules on video/audio taping, removal of case records, etc.
7. How feedback will be provided to one another.
8. How learning objectives will be established and how those objectives will be changed if needed.
9. Evaluation procedures including when formal evaluations will take place, how the evaluations will be documented, and what criteria will be used in the evaluation process.
10. How impasses/blocks/disagreements will be handled and the procedure if either supervisor or supervisee decide to terminate the supervisory relationship.
11. Reporting requirements and emergency procedures for high-risk or abusive clients.
12. Procedure the supervisee will take in case of emergencies, including the first step the supervisee needs to take, how the supervisee can reach the supervisor, mandated reporting, etc.
13. The required ethical code(s) of the supervisor and the supervisee, including what codes besides the Code of Conduct for Licensed Professional Counselors in Louisiana the supervisee must abide by and what to do if these ethical codes differ.
14. Record keeping, including how records of supervision will be kept, both sessions noted and log of supervision.
15. Use of Declaration of Practices and Procedures.

Please add any information that has not been covered which you believe is important to this plan of supervision.

PLPC Practice Setting Information

Practice Setting/Place of Employment:

- Please complete the following for the setting in which you will complete your supervised experience hours. You may attach an additional sheet if necessary. Please be advised that you may not practice independently as a PLPC unless you are licensed to practice counseling by another mental health discipline.

- **Please Indicate Type of Setting:**

- | | |
|---|--|
| <input type="checkbox"/> Community Behavioral Health Center | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Rehabilitation Center |
| <input type="checkbox"/> School | <input type="checkbox"/> University/College |
| <input type="checkbox"/> Other _____ | |

Name of Setting: _____

Address of Setting: _____
(Street)

(City/State) (Zip Code)

Initial Employment Date: _____

Job Title at time of Initial Employment Date: _____

Job Duties at time of Initial Employment Date: _____

Will your Title at setting change if approved as PLPC? Yes No

If yes, please provide Proposed Title: _____

Will your Duties at setting change if approved as PLPC? Yes No

If yes, please provide Proposed Duties: _____

Total hours per week applicant will be working: _____

Anticipated date for completion of required supervised hours: _____

Name, Title, Credentials, and Email Address of **Administrative** Supervisor:

Is there a Licensed Mental Health Professional (e.g. LPC, LMFT, LCSW) **employed by this professional setting who is available for case consultation and processing?**

YES NO

If yes, please list Name, Title and Credentials of LMHP: _____

Identify any individuals who have an ownership interest in the practice setting, including degree and licensure information.

Describe briefly the nature of the practice setting where your supervised experience (direct and indirect client contact) will take place. If available, please include any literature such as a brochure, pamphlet, or other written information with your application.

Describe the nature of the counseling duties to be performed by the applicant. Please include range of clients, nature of presenting problems and any other demographic data that may be pertinent.

Describe the type of assessment procedures to be utilized, therapeutic approaches to be employed, and typical interventions, which may be utilized.

Describe the nature of the supervision with your Board-Approved Supervisor. Will the supervisor review tapes, applicant's case notes, use group sessions with other professionals, seminars, etc.?

Attestation of PLPC Applicant:

With my signature below, I attest that the information provided in this application is correct. I will adhere to the requirements regarding supervised counseling experience as stated in Chapter 6, Section 605 of the Board Rules. I understand that once I am approved as a Provisional Licensed Professional Counselor, I must remain under the active supervision of my Board-Approved LPC-S until fully licensed as a LPC, even after the completion of the minimum supervised experience requirements. I understand that the minimum supervised experience requirement of 3,000 hours must be obtained in no less than 2 years and in no more than 6 years. In the event that I change supervisors and/or upon application for full licensure, I understand that it is my responsibility to submit a Documentation of Experience Form to my Board-Approved LPC-S for completion. I understand that I must notify the Board and my Board-approved LPC-S of any practice setting changes, including address and phone number changes, by submitting the PLPC Change of Practice Setting Application and updated Declaration of Practices and Procedures to the Board; or be subject to **a fine and forfeiture of accrued supervision hours at such setting**. I certify that I have read and am familiar with the Code of Conduct and standards of practice of the Louisiana LPC Board.

Signature of PLPC Applicant

Printed Name of PLPC Applicant

Date

Attestation of Board-Approved LPC Supervisor:

I have reviewed this proposal for supervised professional mental health counseling experience and accept this applicant and agree to supervise this applicant in the above described practice setting, once approved by the Board as a Provisional Licensed Professional Counselor. I will adhere to the requirements regarding supervised counseling experience as stated in Chapter 6, Section 605 of the Board Rules. I understand that a Provisional Licensed Professional Counselor must remain under the active supervision of their Board-Approved LPC-S until fully licensed as a LPC, even after the completion of the minimum supervised experience requirements. If my supervision of this Provisional Licensed Professional Counselor terminates for any reason, I will inform the Licensed Professional Counselors Board of Examiners in writing and submit a completed Documentation of Experience Form immediately.

Signature of LPC Board-Approved Supervisor

Printed Name of LPC Board-Approved Supervisor

Date