



# LOUISIANA

## Licensed Professional Counselors Board of Examiners

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State of Louisiana  
Licensed Professional Counselors Board of Examiners  
Marriage and Family Therapy Advisory Committee

### Documentation of Supervision of Supervision for LMFT Registered Supervisor Candidates

#### General Instructions:

- To become eligible for Board approval as a LMFT Board Approved Supervisor, applicants must complete a minimum of 36 hours of supervision of supervision with a LMFT Board Approved Supervisor.
- Applicants are to complete Section 1 of this form and present the form to their supervisor for the completion Section 2.
- Supervisors are to review Section 1 of this form and complete Section 2.
- Supervisors are then to return the form directly to the Board office at the following address:

Licensed Professional Counselors Board of Examiners  
8631 Summa Avenue  
Baton Rouge, LA 70809

- Additional information may be obtained by contacting the Board by:
  1. Phone: (225) 765-2515
  2. Fax: (225) 765-2514
  3. Email: [lpcboard@eatel.net](mailto:lpcboard@eatel.net)
  4. Website: [www.lpcboard.org](http://www.lpcboard.org)
- 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.

**Section 1 (To Be Completed By The Applicant):**

Dear \_\_\_\_\_,  
(Name of Supervisor)

I am applying for approval by the LPC Board of Examiners as a LMFT Board Approved Supervisor. To document the hours of supervision of supervision required for this designation, the Board would appreciate you providing information regarding the experience I obtained with you as my supervisor. I hereby consent to the release of any and all information regarding my experience, favorable or otherwise, as it pertains to the practice of marriage and family therapy and the practice of supervision of MFT practitioners. Please return this completed form to the Board at the following address:

LPC Board of Examiners  
8631 Summa Ave.  
Baton Rouge, LA 70809.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Dates of Supervision of Supervision:

From \_\_\_\_\_ to \_\_\_\_\_  
(Mo/Yr) (Mo/Yr)

Number of hours providing supervision: \_\_\_\_\_

Number of face-to-face individual supervision of supervision hours: \_\_\_\_\_

Number of face-to-face group supervision of supervision hours: \_\_\_\_\_

**Section 2 (To Be Completed By Applicant's Supervisor):**

Supervisor's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please provide your evaluation of the supervisee by choosing the answer that best approximates the applicant's level of skill in the following:

1. Exhibits knowledge of MFT supervision theory including philosophical assumptions and pragmatic implications.  
 Unsatisfactory    Below Average    Average    Above Average    Superior
2. Can articulate a personal model of supervision drawn from existing models of supervision and from his/her own style of therapy.  
 Unsatisfactory    Below Average    Average    Above Average    Superior
3. Can facilitate the co-evolving therapist-client and supervisor-therapist-client relationships.  
 Unsatisfactory    Below Average    Average    Above Average    Superior
4. Can evaluate and identify problems in the therapist-client and supervisor-therapist-client relationships.  
 Unsatisfactory    Below Average    Average    Above Average    Superior
5. Can structure supervision, solve problems, and implement supervisory interventions.  
 Unsatisfactory    Below Average    Average    Above Average    Superior
6. Able to address distinctive issues that arise in supervision mentoring.  
 Unsatisfactory    Below Average    Average    Above Average    Superior
7. Exhibits sensitivity to contextual variables such as culture, gender, ethnicity, and economics.  
 Unsatisfactory    Below Average    Average    Above Average    Superior
8. Exhibits knowledge of legal issues and LMFT rules and ethics.  
 Unsatisfactory    Below Average    Average    Above Average    Superior

9. Exhibits knowledge of the requirements and procedures for supervising applicants for licensure as a LMFT in Louisiana.  
 Unsatisfactory  Below Average  Average  Above Average  Superior

Briefly describe your experience in working with this applicant, elaborating on the ratings indicated above and achievement of goals stated in the Plan of Supervision of Supervision.

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Do you know of any lawsuits or court action pending against the applicant concerning his/her professional duties?  Yes  No

If yes, please explain: \_\_\_\_\_

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As a supervisor of this applicant's experience in providing marriage and family therapy supervision, do you recommend him/her for approval as a LMFT Board Approved Supervisor?  Yes  No

If no, please explain in detail on a separate sheet.

**The Marriage and Family Advisory Committee encourages all supervisors to review the information contained in this evaluation with the applicant prior to submitting it to the Board.**

I have reviewed the applicant's documentation of experience in Section 1 of this form. The reported hours in each category  are /  are not substantially correct.

Supervisor Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_