



LOUISIANA

Licensed Professional Counselors Board of Examiners

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

Application for LMFT Registered Supervisor Candidate Section 2

General Instructions

- Section 2 of the LMFT Registered Supervisor Candidate Application Form is to register both your approved supervisor and plan of supervision of supervision. It is to be completed by both the applicant and the applicant's proposed supervisor.
- You must have submitted section 1 of the application before you can register your supervisor and plan of supervision of supervision.
- Applicants/supervisors must complete all applicable sections of this form by typing or printing clearly. If additional information is needed for any section, please attach an 8½ x 11 sheet(s) continuing in the same format as that used in the application.
- If in the course of your supervision of supervision you change or add a supervisor, you must complete and resubmit section 2 of the application to update your file.
- Applicants may not begin supervising MFT Interns toward licensure until their application has been approved by the Board and have received notification of approval in writing from the Board.
- All forms, transcripts, and other requested information may be mailed to the Board at the following address:

Louisiana LPC Board of Examiners
8631 Summa Ave.
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
 4. Website: 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.

Part A: Applicant Data:

Name: _____

Current Residence: _____

Home Phone: _____

Business Phone: _____

Email: _____

Part B: Supervisor Data:

Name: _____

Current Residence: _____

Home Phone: _____

Business Phone: _____

Email: _____

Is the supervisor a relative of the applicant? Yes No

If yes, please state relationship? _____

Part C: Plan of Supervision:

- **The Plan of Supervision of Supervision is a written agreement that establishes the supervisory framework for the LMFT Registered Supervisor Candidate's supervision of supervision 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 LMFT Registered Supervisor Candidate 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 of supervision will be conducted (Please check all that apply):

- Supervisor's office
- LMFT Registered Supervisor Candidate's practice setting
- Other (Please Specify): _____

Frequency of Face-to-Face Supervision:

- 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:

- Individual Supervision (Supervision of 1 or 2 supervisees by one supervisor)

Expected Frequency: _____

- Group Supervision (Supervision of up to 6 supervisees regardless of the number of the number of supervisors present)

Expected Frequency: _____

Describe the setting in which the applicant's supervisees will be working including the qualifications of the supervisees the applicant will be supervising

Describe how the supervisor will provide feedback to the applicant about his/her progress. Include information regarding how the applicant will present information about his/her supervisory work. Please note that supervision of supervision must be conducted face-to-face in person. Supervision conducted via video conferencing, on-line, or any other electronic method is not acceptable.

Describe the goals/learning objectives of the supervision of supervision process. This should be consistent with the LMFT Board Approved Supervisor's Philosophy of Supervision.

Part D: Applicant-LMFT Board Approved Supervisor Statement of Agreement

I, _____, agree to work under the supervision of
(Name of Applicant)

_____ who is a LMFT Board Approved Supervisor.
(Name of Supervisor)

**We have discussed the above stated Plan of Supervision of Supervision and agree to work together to fulfill this plan. I, _____, agree to
(Name of Supervisor)**
submit any amendments to this plan to the LPC Board of Examiners for further approval and to provide accurate and timely documentation to the Board on behalf of the applicant at the completion of this plan.

Signature of Applicant Date

Signature of Supervisor Date