

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

**PLMFT Application: Section 3: Supervisor Data  
Instructions**

**General Instructions**

- The purpose of Section 3 of the PLMFT Application is to submit both your desired supervisor and plan of supervision for MFTAC and Board Review.
- Sections 1 and 2 of the PLMFT Application as well as the non-refundable fee of \$100.00 must be submitted prior to submitting Section 3 for review. Please note that you may submit all sections (1, 2, and 3) together.
- A copy of your Statement of Practice must be submitted with this form. Guidelines for writing your Statement of Practice and a sample statement are available on the Board website.
- **You may not practice as a PLMFT or begin to count supervised experience/supervision hours until all sections (1, 2, and 3) of the PLMFT Application have been submitted to the Board and approved.**
- Once approved as a PLMFT, if you wish to add or change supervisors, you must resubmit Sections 2 and 3 of the PLMFT Application along with an updated Statement of Practices and Procedures for Board review as well as a non-refundable fee of \$50 payable via Money Order, Cashier's Check, or Certified Check.
- All forms, fees and transcripts 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 Office via:
  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.**
- Completed applications must be submitted to the Board Office by the Application Submission Deadline in order to be considered on the Application Review Date. A complete list of Application Submission Deadlines and Application Review dates is posted on the Board website under MEETING DATES/MINUTES. Expedited application processing is available; please visit [www.lpcboard.org/expedited.htm](http://www.lpcboard.org/expedited.htm) for more information.



# LOUISIANA Licensed Professional Counselors Board of Examiners

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## PLMFT Application: Section 3: Supervisor Data

### Part A: Applicant Data:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

Email: \_\_\_\_\_

### Part B: Supervisor Data:

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

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

Work 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 is a written agreement that establishes the supervisory framework for the PLMFT's postgraduate supervised 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 PLMFT 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
- PLMFT'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 (Check all that apply.):

- 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: \_\_\_\_\_

- Co-Therapy Supervision (Supervision outside of the session in which the supervisor acts as a co-therapist)

Expected Frequency: \_\_\_\_\_

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

<b>Content Area</b>	<b>Yes</b>	<b>No</b>
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 PLMFT 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 Ethics for PLMFTs and LMFTs 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 session noted and log of supervision.
- 15. Use of Statement of Practice.

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

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**Part D: Statement of Applicant**

I understand the requirements regarding my practice and supervision as a PLMFT as stated in Chapter 33, Sections 3315 and 3319 of the Board Rules. I further understand that as a PLMFT, I may not practice independently unless I am licensed to do so in another mental health discipline. I am aware that I must receive active supervision approved by the Licensed Professional Counselors Board of Examiners, through the Marriage and Family Therapy Advisory Committee, until I have successfully completed all of the training requirements and have been licensed. I understand that the minimum acceptable supervised experience shall be 3000 hours, obtained in no less than 24 months. 2000 of the 3000 hours must consist of direct service to clients. If for any reason my supervisor or my practice setting should change, I will notify the Licensed Professional Counselors Board of Examiners immediately by submitting a new Section 2 and Section 3 of the PLMFT Application. I understand that any supervision obtained without such notification will not be applicable toward the required number of hours for LMFT licensure.

Name of Applicant: \_\_\_\_\_

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

**Part E: Statement of Supervisor**

The applicant and I have discussed this proposal. I have reviewed this application and the applicant's Statement of Practice and accept this applicant as a PLMFT under my supervision. Further, I understand the requirements regarding my role as a Board-Approved LMFT Supervisor or Supervisor Candidate in Chapter 33, Section 3321 of the Board Rules. If my supervision of this PLMFT terminates for any reason, I will advise the Licensed Professional Counselors Board of Examiners immediately and complete all required paperwork in a timely manner.

Name of Supervisor: \_\_\_\_\_

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

\*\*Please Note: Completed applications must be in the Board Office by the Application Submission Deadline in order to be considered on the Application Review Date. Expedited application processing is available; please visit <http://www.lpcboard.org/expedited.htm> for more information.

<b>For Board Staff Use Only:</b> Date Approved: _____ PLMFT#: _____
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