



# LOUISIANA LICENSED PROFESSIONAL COUNSELORS BOARD OF EXAMINERS

## **Documentation of Experience Form**

**(For Provisional Licensed Professional Counselor Supervised Experience)**

### **General Instructions:**

- The purpose of the Documentation of Experience Form (DOE) is for Provisional Licensed Professional Counselors (PLPCs) and their Supervisors to submit information documenting the PLPC's supervised experience and readiness for licensure. Per the requirements listed in Chapters 6 and 7 of Board Rules, those wishing to pursue LPC licensure must complete the following items as part of meeting the requirements for full licensure as a LPC:
  - ❖ A minimum of 2 years and a maximum of 6 years Supervised Post-Graduate Supervised Experience with your LPC Board Approved Supervisor(s) (BA LPC-S). A PLPC must remain under active supervision until licensed.
  - ❖ Supervised Work Experience must include a **minimum of 3000** hours of clinical service in professional mental health counseling:
    - **1900 Direct Client Contact Hours**
    - **1000 Indirect Client Contact Hours**
    - **100 Face-to-Face Supervision Hours** with your BA LPC-S(s)
- **PLPCs** are to complete and sign Section 1 of this form and present the form to their Supervisor to complete and sign Section 2. **Please note that PLPCs must also sign Section 2 following the Supervisor's evaluation.**
- **Supervisors** are to review Section 1 of this form and to complete and sign Section 2. **Supervisors are to return the form directly to the Board office**



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## **Documentation of Experience Form**

**(For Provisional Licensed Professional Counselor Supervised Experience)**

### **Section I (To Be Completed By PLPC):**

**Please Select One:**

I am changing Supervisors.

I am applying for licensure.

Other \_\_\_\_\_

Dear \_\_\_\_\_ **(Name of Current BA LPC-S):**

To validate the experience required to obtain a LPC license, the members of the Board would appreciate you providing them with information regarding my counseling experience. I hereby consent to the release of any information, favorable or otherwise, which you may have concerning my employment or my practice. I also understand all information provided herein may be shared with former and/or future Supervisors.

**Please return the completed form directly to the Board Office.**

**PLPC's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLPC's Printed Name:** \_\_\_\_\_

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

\_\_\_\_\_

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

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

**Name of Practice Setting(s) where Hours Accrued:**

\_\_\_\_\_

\_\_\_\_\_

**Hours of Supervision:** Please list the number of supervised experience hours accrued by direct client contact hours, indirect client contact hours, and face-to-face supervision hours with your current BA LPC-S.

**Dates of Supervision**  
**with Current BA LPC-S:**

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

**Supervised Experience Hours**  
**Accrued with Current BA LPC-S:**

# of **Direct** Client Contact Hours: \_\_\_\_\_

# of **Indirect** Client Contact Hours: \_\_\_\_\_

# of Face-to-Face **Individual** Supervision Hours: \_\_\_\_\_

# of Face-to-Face **Group** Supervision Hours: \_\_\_\_\_

# of Face-to-Face Supervision Hours  
Via **Synchronous Videoconferencing:** \_\_\_\_\_

**Section II (To Be Completed by PLPC's Current BA LPC-S):**

I am terminating supervision effective \_\_\_\_\_.  
(Mo/Yr)

I am terminating supervision for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Please review the PLPC's supervised experience hours as documented in **Section 1** above and select **one** of the following statements:

**The reported hours in each category ARE substantially correct.**

**The reported hours in each category are NOT substantially correct.  
See attached documentation.**

I understand all information provided herein may be shared with the PLPC and/or former and future Supervisors of this PLPC. By my signature, I faithfully attest that all information contained herein is accurate to the best of my knowledge.

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Printed Name:** \_\_\_\_\_

**Section III: Areas of Evaluation (To Be Completed by PLPC's Current BA LPC-S):**

Please provide your evaluation of the PLPC by choosing the rating that best approximates the PLPC's level of skill in the following areas.

**1-Unsatisfactory      2-Below Average      3-Average      4-Above Average      5-Superior**

- 1. Exhibits knowledge in counseling theories:  1  2  3  4  5
- 2. Ability to conceptualize cases:  1  2  3  4  5
- 3. Knowledge and use of appropriate techniques:  1  2  3  4  5
- 4. Ability to develop therapeutic alliance with clients:  1  2  3  4  5
- 5. Exhibits appropriate communication skills:  1  2  3  4  5
- 6. Exhibits appropriate assessment skills:  1  2  3  4  5
- 7. Exhibits intervention skills:  1  2  3  4  5
- 8. Exhibits qualities of the professional self:  1  2  3  4  5
- 9. Demonstrates knowledge and practice of LPC rules and ethics:  1  2  3  4  5

Briefly describe your experience in working with the PLPC, elaborating on the ratings indicated above.

**Please attach a letter of explanation for any rating of 1 or 2.**

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Do you know of any lawsuit or court action pending against the PLPC concerning her/his professional duties? If yes, please attach a letter of explanation.       YES       NO

As the current BA LPC-S of the PLPC's supervised experience, would you recommend this person for licensure upon completion of all licensure requirements?       YES       NO  
If no, please attach a letter of explanation.

**The Board encourages all Supervisors to review the information contained in this evaluation with the PLPC prior to submission to the Board.**

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

PLPC Signature: \_\_\_\_\_ Date: \_\_\_\_\_