

**Minnesota Board of Behavioral Health and Therapy
LPC Supervision Plan Change**

Instructions:

1. Use this form to describe your plan for completing the 2000 hours of post-licensure supervised professional practice required by Minn. Stat. sec. 148B.53, subd. 1(a)(4) and Minn. Rules 2150.5000 to 2150.5010. Licensees are responsible for submitting a new supervision plan for board approval within 30 days if any of the following occur: (1) the licensee has a new supervisor; (2) the scope or content of the counseling practice changes substantially during the course of the supervision; or (3) the licensee begins a new counseling position. This supervision plan must be approved by the Board.
2. Your supervisor (former or continuing) must complete the form titled, "Verification of Completion of a Supervision Plan" for supervision completed under the old supervision plan.
3. If your new plan includes receiving supervised experience at more than one setting or with more than one supervisor, submit a separate Supervision Plan for each supervisor and/or setting.
4. Your supervisor must meet the requirements set forth in Minn. Stat. sec. 148B.50, subd. 2 and Minn. Rule 2150.5010, subd.4. Unless your proposed supervisor has been previously approved by the Board, your supervisor must complete the *Supervisor Application Form*, available on the Board's website, and submit all required information and documentation.

Reason for Change in Supervision Plan:

- I have a new supervisor. This plan ...
 - replaces my plan(s) with _____.
 - is *in addition to* my plan(s) with _____.
- The scope or content of my counseling practice changed substantially.
- I have a new counseling position.

1. Name of Supervisee: _____ License No: LPC
2. Name of Supervisor: _____
3. Name of supervision location (Business): _____
4. Address of supervision location: _____
5. Date beginning **this** new plan: _____

		<i>List Hours:</i>
6.	Total hours supervisee is scheduled to work (i.e. professional practice) per week:	
7.	Total hours supervisee is scheduled for supervision with this supervisor per week:	
8.	I plan to provide the following supervision to the supervisee (circle one): Individual (1 to 1) / Group / Both	

9. Supervisor (check one):
 - is already an approved supervisor with BBHT
 - is submitting the Supervisor Application form

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Supervisee Initial ↓	Supervisor Initial ↓	I understand that the supervision must comply with Minnesota Rule 2150.5010, subp. 4, including...
		10. The supervisee must complete 2,000 hours of supervised professional practice and 100 hours of supervision. This may be distributed between multiple supervisors.
		11. The content of supervision must include professional counseling knowledge, skills, values, and ethics with specific application to the practice issues faced by the supervisee.
		12. The content of supervision must include the standards of practice and ethical conduct, with particular emphasis given to the professional counselor's role and appropriate responsibilities, professional boundaries, and power dynamics.
		13. The content of supervision must include the supervisee's permissible scope of practice, as defined by Minnesota Statutes, section 148B.50, subd. 5.
		14. Supervision must be obtained at the rate of 2 hours of supervision per 40 hours of professional practice.
		15. Supervision must be evenly distributed over the course of the supervised professional practice.
		16a. At least 75% of supervision must be received in person (75 hours or more).
		16b. Up to 25% of supervision may be received via telephone or audio or audiovisual electronic device (25 hours or less).
		17a. At least 50% of supervision must be done on an individual basis (one-to-one) (50 hours or more).
		17b. Up to 50% may be done in a group setting (50 hours or less).
		18. Supervision must be completed in no fewer than 12 consecutive months and no more than 36 consecutive months.
		19. A new supervision plan must be submitted within 30 days if the supervisor changes or a supervisor is added, if the scope or content of the counseling practice changes substantially, or the supervisee begins a new counseling position.
		20. The supervisee may not practice independently until the supervisor has submitted directly to the board the <i>Verification of Completion of a Supervision Plan</i> form and the supervisee has been notified by the Board in writing that he/she may practice independently.

I, the undersigned, have read and agree to comply with the requirements set forth in Minn. Stat. 148B.53, subd. 1(a)(4) and Minn. Rules 2150.5000 to 2150.5010. I understand that a violation of these requirements can result in a loss of supervision hours and/or disciplinary action against the supervisee.

21. Supervisor signature: _____ Date: _____

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22. Supervisee signature: _____ Date: _____