

Who Completes:

Printed/typed name of Applicant: _____

Read directions on pages 2, 3, 15, and 17 to determine if you should complete this section.

Minnesota Board of Behavioral Health and Therapy – LPC Application

Section G. Supervision Plan

Instructions:

- Supervision occurring on and after the effective date of the Board’s supervision rules, July 5, 2005, must comply with this plan. This form should be used only for supervision that you have yet to do, and must be approved by the Board.
- Use this form to describe your plan for completing the 2,000 hours of post-degree supervised professional practice required by Minn. Stat. sec. 148B.53, subd. 1(a)(4) and Minn. Rules 2150.5000 to 2150.5010. **Do not use this form if you are seeking to have supervised professional practice you have already completed accepted by the Board. If you wish to have the Board consider supervised practice you already completed, complete section H instead.** However, do use this plan in addition to section H if your past supervised practice totals less than 2,000 hours.
- If your 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.
- Your supervisor must meet the requirements set forth in Minn. Stat. sec. 148B.50, subd. 2 and Minn. Rule 2150.5010, subd. 3. 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 with the application fee and all required documentation.

1. Name of Supervisee: _____

2. Name of Supervisor: _____

3. Name of supervision location (Business): _____

4. Address of supervision location: _____

5. Date beginning supervision: Upon Licensure Other (list actual date): _____

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

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

Licensee 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.

Section G. Supervision Plan form, continued...

Initial... Initial...

		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. Supervision <i>cannot</i> be obtained at a lesser ratio at any time.
		15. Supervision must be evenly distributed over the course of the supervised professional practice
		16a. At least 75 percent of required supervision must be received in person (75 hours or more).
		16b. Up to 25 percent of required supervision may be received via telephone or audio or audiovisual electronic device (25 hours or less)
		17a. At least 50 percent of supervision must be done on an individual basis (one-to-one) (50 hours or more).
		17b. Up to 50 percent 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: _____

22. Supervisee signature: _____ Date: _____