

Minnesota Board of Behavioral Health and Therapy – LPCC Application: Conversion Method
Section E. Verification of Completed Supervised Professional Practice
To be completed and submitted by the supervisor

Instructions for Applicant:

1. **Your supervisor must complete this form and mail it directly to the BBHT**, as instructed below. Although similar information may have been submitted for your LPC license, it does not replace the completion of this form.
2. If, upon completion of your graduate degree program, you worked as a professional counselor, either unlicensed, licensed in another jurisdiction, or pursuant to the authority of another mental health license, **and** you received professional supervision while performing this work, you may seek to have these hours applied to the 4,000 hours of post-master's supervised clinical professional practice required by Minnesota Statutes section 148B.5301, subdivision 4(a)(8) (2014 Session Laws, Chapter 291, Article 4, section 26). For purposes of this requirement, the supervision must have been clinical in nature and not employment related supervision.
3. If you received supervised experience at more than one setting or with more than one supervisor, a separate form must be submitted for each supervisor and/or setting.
4. Upon review of the information, the Board will notify you in writing whether you have completed the requirement, in whole or in part. You cannot be licensed until a total of 4,000 hours of supervised clinical professional practice has been accepted by the Board.

Instructions for Supervisor:

5. **Do not return this form to your supervisee.** Please complete this form and mail *this original* directly to the BBHT. Please keep a photocopy for your records; please also provide a photocopy to your supervisee for their records. BBHT address:

Minnesota Board of Behavioral Health and Therapy
335 Randolph Avenue, Suite 290
St. Paul, MN 55102

6. In addition to providing the information below, if you are not a Board approved supervisor, you must complete and submit either (1) a Supervisor Credential Verification form if all the supervision occurred on or *before* July 4, 2005 or (2) a Supervisor Application form if any part of the supervision occurred on or *after* July 5, 2005.
7. Supervision must meet the requirements of Minnesota Statutes section 148B.5301, subdivision 4(a)(8) and Minnesota Rules part 2150.5010. All professional practice supervision must have occurred after the date the supervisee's graduate degree was conferred.

Supervisor (check one):	
<input type="checkbox"/>	is already an approved supervisor with BBHT
<input type="checkbox"/>	is submitting the Supervisor Application form because all or a portion of the supervision occurred on or after July 5, 2005
<input type="checkbox"/>	is submitting the Supervisor Credential Verification form because <u>all</u> the supervision occurred prior to July 5, 2005

Section E. Supervision verification of past professional practice continued...

Part I. General Information

Name of Supervisee: _____

Name of Supervisee's place of employment during supervision: _____

Name of Supervisor: _____

Name of supervision location (Business): _____

Address of supervision location: _____

Part II. Post-degree supervision occurring prior to July 5, 2005
Supervisor, complete Part II for the portion of the supervisee's post-degree supervision that you personally supervised, occurring before July 5, 2005 (if any).

Date Supervision Began: _____ Ended: 7-4-2005 (if an earlier date, please list): _____

of hours worked between above dates per week: _____

of in-person supervision hours received between above dates per week: _____

Total professional employment hours that I supervised prior to 7-5-05: _____

Total supervision hours I provided prior to 7-5-2005: _____

The content of supervision included the supervisee's permissible scope of practice, as referenced in Minnesota Statutes sections 148B.50, subd. 5 and 148B.5301, subd. 5 (please circle): YES NO

The supervised professional practice included the delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders in adults (please circle): YES NO

The supervised professional practice included the delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders in children (please circle): YES NO

Part III. Post-degree supervision occurring on or after July 5, 2005
Supervisor, complete Part III for the portion of post-degree supervision that you alone supervised, occurring after July 5, 2005 (if any).

Date Supervision Began (M/D/Y): _____ Date Supervision Ended (M/D/Y): _____

of hours worked between above dates per week (up to a maximum of 40 hours): _____

Total # of **professional employment hours** that I supervised between the dates listed above: _____

Total # of **supervision hours** I provided between the dates listed above: _____

of **individual** (1-to-1) supervision hours: _____

of **group** supervision hours: _____

Total number of direct client contact hours: _____

Section E. Verification of Completed Supervised Professional Practice, continued ...

Supervisors: Please initial boxes below (If the supervision did not comply with the requirement, refrain from initialing that statement and, if applicable, instead write the number or percent that occurred.)	
	The content of supervision included professional counseling knowledge, skills, values, and ethics with specific application to the practice issues faced by the supervisee.
	The content of supervision included 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.
	Supervision was obtained at the rate of 2 hours of supervision per 40 hours of professional practice.
	Supervision was evenly distributed over the course of the supervised professional practice
	At least 75% of supervision was received in person.
	0% - 25% of supervision was received via telephone or audio or audiovisual electronic device
	At least 50% of supervision was done on an individual basis (one-to-one)
	0% - 50% of supervision was done in a group setting
	Supervision was completed in no fewer than 24 consecutive months
	Supervision was completed in no more than 72 consecutive months.
	The content of supervision included the supervisee's permissible scope of practice, as referenced in Minnesota Statutes sections 148B.50, subd. 5 and 148B.5301, subd. 5.
	The supervised professional practice included the delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders in adults .
	The supervised professional practice included the delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders in children .
Supervisor's signature and certification	
<p>I, the undersigned, have read and agree that the supervision was conducted as described in Parts I, II, and III, and that the information contained therein is true and correct to the best of my knowledge.</p> <p>Supervisor signature: _____ Date: _____</p> <p style="text-align: center;"><i>Please initial the following certifying statement. If you do not initial this statement, please explain your reasons in a separate written statement.</i></p> <p>_____ I certify that the work completed under my supervision was satisfactory.</p>	