

**Minnesota Board of Behavioral Health and Therapy – LPCC Application: General Method
Section G. Verification of Completed Supervised Professional Clinical Practice**

Instructions for Applicant:

1. Your supervisor must complete this form and mail it directly to the BBHT, as instructed below.

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 4000 hours post-licensure supervised professional practice required by Minn. Stat. sec. 148B.5301, subd. 2 and Minn. Rules part 2150.5010. The supervisor must submit the Supervisor Application form. 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, you must provide the information below on a separate form for each supervisor and/or setting.

4. Upon review, 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 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

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

6. In addition to providing the information below, the supervisor must complete and submit one of the following, **if you haven't done so previously**: (1) the Supervisor Credential Verification form if all of the supervision occurred on or *before* July 4, 2005; or (2) the Supervisor Application form if any part of the supervision occurred on or *after* July 5, 2005.

7. Supervision must meet the requirements of Minn. Stat. sec. 148B.5301, subd. 2 and Minn. Rules part 2150.5010. The supervised practice must be clinical practice: it must include the observation by the supervisor of the successful application of professional counseling knowledge, skills, and values in the differential diagnosis and treatment of psychosocial function, disability, or impairment, including addictions and emotional, mental, and behavioral disorders. It must also include the delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders in **both** children and adults. All professional practice supervision must have occurred after the date the supervisee's graduate degree was conferred.

Part I. General Information

Name of Supervisee: _____

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

Name of Supervisor: _____

Name of supervision location (Business): _____

Date post-degree supervision began (M/D/Y): _____ **Ended (M/D/Y):** _____

Number of hours **worked** between the above dates: Per week _____

Hours of **supervision** received between the above dates: Per week _____

Total of work hours that I supervised between dates listed above: _____

Total of direct client contact hours: _____

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

I provided the following # of hours in **individual (1-on-1)** supervision to the supervisee: _____

I provided the following # of hours in **group** supervision to the supervisee: _____

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 some of the supervision occurred on or after July 5, 2005
<input type="checkbox"/>	is submitting the Supervisor Credential Verification form because all of the supervision occurred prior to July 5, 2005

<i>Initial</i> ↓	Part II. Conduct of Post-degree Supervision <i>Supervisor, if the supervision did not comply with the requirement, refrain from initialing that statement and, if applicable, instead write the number or percent that actually occurred.</i>
	Supervision was conducted under a contract that defined clinical practice and supervision.
	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.
	The content of supervision included the supervisee's permissible scope of practice, as defined by Minnesota Statutes, section 148B.5301, subd. 5.
	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
	(Initial if full 4,000 hours completed under your oversight) Supervision was completed in no fewer than 24 consecutive months and no more than 72 consecutive months.
	The supervised practice was clinical practice. It included my observation of the supervisee's successful application of professional counseling knowledge, skills, and values in the differential diagnosis and treatment of psychosocial function, disability, or impairment, including addictions and emotional, mental, and behavioral disorders.
	The supervised professional practice included delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders in adults .
	The supervised professional practice included delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders in children .
	I certify that the work completed under my supervision was satisfactory. If not, please explain

Part III. 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>