

This form must be used when any part of the supervision that you provide to a licensed professional counselor (LPC) or Licensed Professional Clinical Counselor (LPCC) occurs on or after July 5, 2005. Approval of this application will result in the "Approved Supervisor" designation of the Board.

LPC /LPCC Supervisor Application

Fee: \$30 (Please include a check or money order made payable to BBHT)

1. Last Name (legal)	2. First Name (legal)	3. Full Middle Name (legal)
4. Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	5. Suffix (e.g., JR, SR, etc.)	6. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
7. Maiden Name, Surname, or Any Other Names or Aliases by Which You Have Been Known		
8. Home Address (street address, city, state, zip code and country. <u>No P.O. Boxes</u>)		9. County (Home)
10. Business Name & Address (street address, city, state, zip code and country. <u>No P.O. Boxes</u>)		11. County (Business)
12. Contact Information: Telephone Numbers (_____) _____ (_____) _____ (_____) _____ Business Home Cell (optional): <input type="checkbox"/> Personal / <input type="checkbox"/> Business		
13. Please circle the <u>contact location</u> at which the board and the public can contact you. Please note that if you are a licensee of the BBHT, the public contact information that you indicate will be used for both your license and your supervisor designation (circle one): WORK HOME		
14. <u>E-mail Address</u> (optional) Please list your email address if you wish to permit the board office to correspond with you regarding your application status via email. The Board office does not release email addresses to outside parties for any reason. <input type="checkbox"/> Personal email: <input type="checkbox"/> Work email:		
15. <u>Your Supervisees</u> : Please list the name(s) of the BBHT applicant(s)/licensee(s) you supervise or will supervise (if applicable). Please also list the date you began supervising each or intend to begin providing supervision (this may be "upon their date of licensure" if you so wish):		

16. License that you hold under which you will provide supervision (mark a "X" before those that apply):

	LPC (supervision you provide to LPCC applicants on or after 8/1/07 may or may not qualify)
	LPCC
	LP
	LMFT
	LICSW
	Other (list):

License number: _____ Issue date: _____ State: _____

License number: _____ Issue date: _____ State: _____

17. Education upon which the license in item 16, above, is based:

Institution name: _____

Degree Granted (M.S., Ph. D., etc.): _____ Date Granted: _____

Major/Concentration: _____

18. I am applying for approval to supervise the following licensure applicants and licensees (check one):

LPC Both LPC and LPCC

	Please Circle:	
19. I have four years of post-degree professional counseling experience: <ul style="list-style-type: none"> • Resume: Attach your professional resume that includes your educational information, your practice experience, and your practice locations. Dates related to this information are essential. • License Verification: Request that a License Verification, including any disciplinary and/or corrective action information, be mailed directly to the BBHT from the licensing authority for the license under which you plan to supervise professional counselors. 	YES	NO
20. I have two years of post-licensure professional counseling experience: <ul style="list-style-type: none"> • Required if you plan on supervising LPCC applicants. 	YES	NO
21. I have successfully completed 45 hours of training in clinical supervision: <ul style="list-style-type: none"> • Classroom training: Attach copies of your transcript(s) or certificate(s) from graduate coursework, seminars, workshops, or online trainings. • Structured on-the-job training: Attach a letter including dates the training began and ended, frequency and duration of training meetings, credentials of the people who trained you, and the topics of discussion in the training meetings. <p>If “no,” Minn. Rules, part 2150.5010, subp. 3 require you to complete clinical supervision training in order to be designated a BBHT approved supervisor.</p>	YES	NO
22. Are you currently under investigation or have you had disciplinary, non-disciplinary corrective, or legal action taken against you by any person, professional organization, registering/certifying/licensing body, or legal agency for civil, criminal, or professional misconduct? <ul style="list-style-type: none"> • Background Information: If yes, attach detailed information and copies. 	YES	NO

Signature: _____ **Date:** _____

Notes:

1. The requirements for LPC supervisors are found in Minn. Stat. sec. 148B.50, subd. 2 and Minn. Rules part 2150.5010, subp. 3. The Board’s website, www.bbht.state.mn.us, has links to the statutes and rules.
2. The requirements for LPCC supervisors are found in Minn. Stat. sec. 148B.50, subd.2, in Minn. Rules part 2150.5010, subp. 3, and in Minn. Stat. sec. 148B.5301, subd. 2(b).
3. The \$30 application fee is collected pursuant to Minn. Stat. sec. 148B.53, subd. 3 (effective 8/1/07). Pursuant to Minn. Stat. sec. 604.113, there will be a \$30 service charge on all checks not honored by your bank.
4. The Board does not endorse any particular supervision course. The law indicates that the training must total 45 hours, must be completed through graduate coursework, continuing education courses, workshops, structured on-the-job training or a combination thereof. The law also indicates that training in counseling supervision should include content and experiences relevant to the supervision of professional counselors.
5. Any supervision that you provide prior to achieving the Approved Supervisor designation may be found unacceptable by the Board. Please note that the application process may take a few months to complete.
6. Please complete this form and mail it with the \$30 fee and requested attachments to:

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