

This form should be used when all, or the portion being considered, of the supervision that you provided to the professional counselor applicant or licensee named below occurred on or before July 4, 2005. You may otherwise choose to complete the Supervisor Application form if you wish to obtain the "Approved Supervisor" designation from the Board.

**Minnesota Board of Behavioral Health and Therapy
Supervisor Credential Verification Form (for supervisors of LPCs and LPCCs)**

Your name (F/M/L): _____ Degree(s): _____

Name of your **supervisee**: _____

Dates of supervision (see directions on page 2, item 2): _____

Your Current Mailing Address: _____

City, State, Zip, County: _____

Phone: (_____) _____ Email: _____

This address is my (circle): HOME WORK Gender (check): Male Female

License under which you provided supervision: *Type*: LPC LP LMFT LICSW _____

License number: _____ *Issue date*: _____ *State*: _____

Other licenses held (including licensure in other states): _____

Please Circle your responses to the following three questions:

<p>1. I had four years of post-degree professional counseling experience prior to the date I began supervising the supervisee named above.....</p> <p><input type="checkbox"/> You must attach your professional resume that includes your educational information, your practice experience, and your practice locations. Dates related to this information are essential; and</p> <p><input type="checkbox"/> You must request that an official License Verification, including any disciplinary and/or corrective action information, be mailed directly to the BBHT from the licensing authority for the license you held/hold and under which you provided supervision.</p>	YES	NO
<p>2. I had successfully completed a course or workshop in counseling supervision prior to the date I began supervising the supervisee named above:.....</p> <ul style="list-style-type: none"> ● YES: attach copies of your transcript(s) or certificate(s) that reflect(s) your training as a supervisor. ● NO: in a detailed, written letter, please provide a description of your informal <i>training</i> in clinical counseling supervision. Do NOT substitute a letter describing your experience as a supervisor (although this information may be included in your letter). You must provide pertinent information such as who provided the training, what their qualifications were, when the training occurred, how the training occurred, and what information was imparted. Please note that declarations to another licensing board that you are competent to provide supervision are not sufficient. You must describe in detail the basis for that declaration. If you have not completed formal or information supervision training, the supervision you provided to the above named supervisee may not be approved by the Board. 	YES	NO

Supervisor Credential Verification Form (for supervisors of LPCs and LPCCs) continued...

Your printed name: _____

<p>3. Are you currently under investigation <i>or</i> have you in the past 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?</p> <p><input type="checkbox"/> If yes, you must attach detailed information and copies.</p>	<p>YES</p>	<p>NO</p>
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Your Signature: _____ **Date:** _____

Notes and Directions:

1. Supervisor requirements, for supervision that occurred prior to July 5, 2005, are found in Minn. Stat. sec. 148B.50, subd. 2. Links to the statute can be found at the Board’s website: www.bbht.state.mn.us.
2. Supervision that you provided (that the board can consider) must have occurred after your supervisee graduated from his or her graduate program, although you may have begun supervision before the graduation date. Please list a beginning date of supervision that is *after* your supervisee’s graduation date on this form and any other forms that you complete related to the supervision you provided.
3. In addition to completing this form, you will need to complete the form entitled, “Verification of Past Supervised Professional Practice,” (for LPCs) or “Verification of Completed Supervised Professional Practice,” (for LPCCs) that is part of the supervisee’s license application.
4. Please note that the file review process may take a few months to complete. You will be notified via letter when your file is deficient and when your file is completed.
5. Please complete this form and mail it with the requested attachments to:
 The Minnesota Board of Behavioral Health and Therapy
 2829 University Avenue S.E., Suite 210
 Minneapolis, MN 55414

Thank you for assisting our licensure applicant by providing this very important information.