

MARYLAND BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS

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**Supervisor Approval Form**

I hereby apply for the status of “*Approved Supervisor in the Practice of Clinical Professional Counseling*,” **with submission of related and required documentation as noted below:**

Name: \_\_\_\_\_

License # LC\_\_\_\_\_

Address: \_\_\_\_\_

Initial License Issuance Date\_\_\_\_\_

Contact Information: (Telephone #, email address, etc.): \_\_\_\_\_

Professional practice Address:/ setting: \_\_\_\_\_

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I have completed the following experience, graduate coursework, continuing education, and/or national certification:

Two (2) years of clinical practice since obtaining licensure (including but not limited to a **letter of attestation from a colleague, supervisor, or agency officials;**

And, at least one of the following:

At least 3 semesters credit hours of graduate-level academic coursework that included counseling supervision, (include an **Official Transcript**);

A continuing education program in counseling supervision that included 18 direct clock hours with the trainer or trainers, (including but not limited to a **Certificate of Completion**); or

Hold the National Board of Certified Counselors (NBCC) *Approved Clinical Supervisor* (ACS) credential, (include a **copy of current ACS certificate**).

I hereby attest to my acceptance of the role of supervisor for licensed graduate professional counselors in accordance with Title 17 of the Annotated Code of Maryland, and standards for supervision set forth in the related COMAR regulations.

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Board Officer:

\_\_\_\_\_  
Date:

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Do you wish to be publicly listed as an Approved Supervisor by the Board?

YES / NO

**Please include your payment of \$200.00 as a one-time processing fee and mail to:**

**MD Board of Professional Counselors & Therapists  
4201 Patterson Ave., Suite 316  
Baltimore, MD 21215**