



# MARYLAND Department of Health

*Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary*

## APPROVED SUPERVISOR APPLICATION (Non-LCPC)

**\*\*Use this form if you are a licensed certified social worker-clinical, psychiatrist, psychologist, psychiatric nurse practitioner LCMFT, LCPAT or LCADC (COMAR 10.58.12.02B(4)(b)).\*\***

**\*\*Qualifications:** To qualify as an Approved Supervisor pursuant to COMAR 10.58.12.06(A)(3) and (B)(2), you must meet the criteria as set forth below.

- Be a licensed clinical mental health care provider;
- Have a license that is unencumbered and without restrictions or conditions due to disciplinary action for the 2 years preceding the application for approved supervisor status; **and one of the following:**
  - Completed a 3 semester (5 quarter) credit graduate level course that includes counseling supervision from a regionally accredited college or university; **OR**
  - Completed 18 direct clock hours (continuing education units) in counseling supervision from a board approved continuing education program.

**\*\*Application Fee:** Please include an application fee of \$200 by check or money order made payable to Board of Professional Counselors and Therapists. The application fee is NON-REFUNDABLE.

*Please type or print all information.*

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

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

License No.:  Attach copy of current license

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different than above) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business: \_\_\_\_\_

<i>Name</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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Business phone: \_\_\_\_\_ Business email: \_\_\_\_\_

***I hereby affirm that:***

- I currently hold: \_\_\_\_\_ (specify license type and number);
- My license is unencumbered and without restrictions or conditions due to disciplinary action for the 2 years preceding the application for approved supervisor status; and
- I fulfill at least one of the following pursuant to COMAR 10.58.12.06B(2):
  1. Completed a 3 semester (5 quarter) credit graduate level course that includes counseling supervision from a regionally accredited college or university (COMAR 10.58.12.06A(6)(b));  
**OR**
  2. Completed 18 direct clock hours (continuing education units) in counseling supervision from a board approved continuing education program (COMAR 10.58.12.06A(6)(c)).

\*\* Please include the form (attached) that corresponds to (1) or (2) above.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

***Option 1: 3 Graduate Credits (5 quarter credits) in Counseling Supervision***

- Coursework may include, but is not limited to:
  - Role and responsibilities of a supervisor;
  - Needs of the supervisee, supervisor and the agency setting while maintaining a clear ethical perspective;
  - Role and responsibilities of a supervisor as gatekeeper to the profession;
  - Methods for building effective and appropriate relationships with clients;
  - Models for group supervision; and
  - Models and modalities for practice intervention.
- Please list the course(s) below and attach a copy of your transcript(s).

<i>Course Title(s)</i>	<i>Course Number(s)</i>	<i>Credits Earned</i>	<i>College/Univ.</i>	<i>Date</i>	<i>Grade</i>

Applicant's Name: \_\_\_\_\_

***Option 2: Continuing Education Units***

- At least 18 CEUs which may include, but is not limited to:
  - Role and responsibilities of a supervisor;
  - Needs of the supervisee, supervisor and the agency setting while maintaining a clear ethical perspective;
  - Role and responsibilities of a supervisor as gatekeeper to the profession;
  - Methods for building effective and appropriate relationships with clients;
  - Models for group supervision; and
  - Models and modalities for practice intervention.
- Please attach a copy of CEU certificate(s).

Name of Workshop or Course	Sponsor (ex: OETAS, NAADAC, Conference, etc.)	CEU Hours Earned