



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, 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: _____
Last First MI Maiden

SSN: _____ Date of Birth: _____ Place of Birth: _____

License No.: _____ **Attach copy of current license**

Home Phone: _____ Work: _____ Cell: _____ Email: _____

Home Address: _____
Street City State Zip

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

Business: _____
Name Street City State Zip

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> |
|------------------------|-------------------------|-----------------------|----------------------|-------------|--------------|
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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 |
|-----------------------------------|--|-------------------------|
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