South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists
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LPC PLAN FOR CLINICAL SUPERVISION OF POST-MASTER'S CLINICAL EXPERIENCE IN PROFESSIONAL COUNSELING

- This form must be signed by the licensed professional counselor supervisor and supervisor candidate (if applicable) or licensed mental health practitioner and by the applicant/LPC associate.

  Please refer to www.llr.sc.gov/cou/ for a current list of licensed professional counselor supervisors.

Applicant/Associate Name:_____ License No: _____
(If applicable)

LICENSED SUPERVISOR / SUPERVISOR CANDIDATE INFORMATION (To be completed by supervisor)
If supervision will be provided by a qualified licensed mental health practitioner rather than an LPC-S or LPC-S Candidate, complete the below Qualified Licensed Mental Health Practitioner section.

LPC-Supervisor Name: _____ LPC-Supervisor License No.: _____

Contact Number: _____ Email: _____

Mailing Address: _____

LPC-Supervisor Candidate Name: _____ LPC-S Candidate License No.: _____
(If applicable)

Contact Number: _____ Email: _____

Mailing Address: _____

QUALIFIED LICENSED MENTAL HEALTH PRACTITIONER
A qualified licensed mental health practitioner (QLMHP) means a person licensed as a Marriage and Family Therapy Supervisor, an Addiction Counselor Supervisor, a Psychologist or a Medical Doctor. The QLMHP must be pre-approved by the Board and shown to have knowledge and expertise necessary to provide professional counseling supervision, including diagnosis and treatment of more serious problems categorized in standard diagnostic nomenclature.

Mental Health Practitioner Name: _____ License Type/No.: _____

Contact Number: _____ Email: _____

Mailing Address: _____

LOCATION OF SUPERVISED PRACTICE

Facility Name: _____ Facility Phone: _____

Address: _____

Type of Work Experience: _____

Start Date: _____ End Date: _____ Position Title: _____
Planned over two years

The following requirements regarding supervision must be met:

The supervised clinical experience requires completion of a minimum of one thousand five hundred (1500) hours of post-master's clinical experience and post master's clinical supervision in the practice of professional counseling performed over a period of not fewer than two (2) years. Of the one thousand five hundred (1500) hours documented, there must be a minimum of one thousand three hundred eighty (1,380) hours of direct client contact and a minimum of one hundred twenty (120) hours of supervision by a licensed professional counselor supervisor or other qualified licensed mental health practitioner approved by the Board that included experience assessing and treating clients with the more serious problems as categorized in standard diagnostic nomenclature. A minimum of sixty (60) hours of the supervision hours must be individual/triadic, and the remaining sixty (60) hours may be individual/triadic or group. At the conclusion of the supervised clinical experience, you must submit the Board form documenting that this supervision has been obtained.

Supervision is defined as:
(1) "Supervision" means direct contact between a supervisor and an associate or other person requiring supervision under this chapter. Supervision may be conducted either in person or via a HIPAA compliant technological medium. During this time, the person supervised apprises the supervisor of the diagnosis and treatment of each client seen during the supervisory process. The supervisor provides the supervised person with oversight and guidance in diagnosing, treating, and dealing with clients, and the supervisor evaluates the supervised person's performance. The focus of a supervision session is on raw data from clinical work which is made directly available to the supervisor through such means as written clinical materials, direct (live) observation, co-therapy, audio and video recordings, and live supervision. Supervision is a process clearly distinguishable from personal psychotherapy and is contrasted in order to serve professional goals. The major focus in supervision of supervisors is on the development of supervisory abilities as opposed to an exclusive focus on clinical skills.

(2) "Group supervision" means a regularly scheduled meeting of not more than six (6) supervisees, and an approved supervisor, for a minimum of two (2) hours.

(3) "Individual/triadic supervision" means a meeting of one (1) or two (2) supervisees with a supervisor for a period of at least a one (1) hour session.

APPLICANT/ASSOCIATE CERTIFICATION

I have read and understand the supervision requirements, and understand that as an Associate I can only provide counseling services while being supervised. I also understand that I must provide the completed supervision forms at the conclusion of the period of supervision. If I obtain a new supervisor, I understand that I must provide both a Confirmation of Supervision Form and a new Plan for Clinical Supervision Form to the Board for approval before continuing to practice and in order to obtain clinical contact and supervision hours.

Applicant/Associate Signature: _____ Date: _____

SUPERVISOR/QLMHP CERTIFICATION

I have read and understand the supervision requirements, and agree to provide supervision in accord with Board statutes and regulations to the above LPC applicant.

Signature of Supervisor/QLMHP: _____ Date: _____
(Original signature required)

SUPERVISOR CANDIDATE CERTIFICATION

I have read and understand the supervision requirements, and agree to provide supervision in accord with Board statutes and regulations to the above LPC applicant.

Signature of Supervisor Candidate: (If applicable) _____ Date: _____
(Original signature required)