

6. Your supervisor's area(s) of competence in counseling (please attach professional disclosure statement of supervisor):

7. Describe the duties you plan to perform. (For Clinical Residents Per rule 4757-13-03 (a) a minimum of 50 percent of the work consists of face-to-face client contact involving the delivery of clinical counseling services, which includes the diagnosis and treatment of mental and emotional disorders).

8. Dates of supervision at this setting: From _____ to _____
mo/yr mo/yr

Please supply estimated ending date. We no longer approve ongoing status.

Total number of hours of supervised experience:

Total Work Hours _____ (Maximum of 1500 hours in one year)

9. Is there any part of this supervision being done to meet the internship requirements of a doctoral program?

Yes No

If yes, indicate the university _____ (please attach a copy of your student transcript verifying the actual beginning and ending of the semester/quarter).

10. Please list the license number, date of issuance and expiration dates if you are a PC.

PC/LIC #

Issuance Date

Expiration Date

11. Do you hold any other Licenses or certifications? Yes No

LIC/CERT #

Issue Date

Expiration Date

Memo of Understanding: I have read the counselor licensure law and understand the rules and regulations that pertain to Professional Counselor/Clinical Resident. I understand that I will have to submit the application and fees for the PCC after satisfactory completion of the supervision hours. I further understand that any person who knowingly makes a false statement on the registration form is guilty of falsification under section 2921.13 of the Ohio Revised Code, a misdemeanor of the first degree.

Signature of Supervisee

Date

Part B: To be completed by the Training Supervisor

Instructions to supervisor:

After completing this form, please return it to the supervisee who is responsible for sending it to the Board.

1. Are you a Licensed Professional Counselor or a Licensed Professional Clinical Counselor?

Yes No If yes, what is your License # & Expiration Date _____

2. If you are not a licensed counselor, what license do you hold? _____

_____ State _____ License No. _____

3. List your area (s) of professional competence: _____

4. Please describe the nature of the supervision to be provided: _____

Does the scope of your practice include the diagnosis and treatment of mental and emotional disorders? Yes No

5. Briefly describe your experience in training supervision _____

6. I HAVE REVIEWED THE SUPERVISEE'S STATEMENTS.

THEY (ARE _____) (ARE NOT _____) ACCURATE

Supervisor's Signature

Date

**ATTACH THE SITE SUPERVISOR PROFESSIONAL
DISCLOSURE STATEMENT TO THIS TRAINING
SUPERVISION AGREEMENT**