

SUPERVISION APPLICATION

Name: _____ Date: _____

D.O.B _____ Race: _____ Gender: Male Female

Marital Status/Spouse: _____

Mailing Address: _____

Home phone: _____ Cell Phone: _____

Email: _____

Education Level: _____

Brief Description of Experience & Why you chose counseling as a career: _____

Type of Supervision requested: Mental Health/LPC
 Substance Abuse: specify: _____
 CCS (certified clinical supervisor)

Style Preferred: No Preference Individual Group Online

PLEASE ATTACH A COPY OF YOUR RESUME: **TRANSCRIPT:**

SUPPLEMENTAL QUESTIONS

- 1) Where are you currently in the supervision/license process?

- 2) In what role do you see the supervisor? (i.e. teacher, mentor, consultant, etc.)

- 3) What do you expect to get out of supervision?

Applicant Signature

Date