

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS
Supervised Experience Documentation Form**



SUPERVISED EXPERIENCE DOCUMENTATION / UPGRADE FORM

You must submit one Supervised Experience Documentation for each Supervisor.

This form is to be used to document post graduate supervised hours earned under a temporary (LPC Intern) license in order to upgrade to full licensure or to document hours earned in another state. You will be notified in writing of any deficiencies. The 3,000 hours may not be earned in less than 18 months.

TO BE COMPLETED BY INTERN

Intern's Name _____
(Last) (First) (Middle)

Intern's Social Security # _____ - _____ - _____ Intern License # _____ Date of Birth _____

1. You must check "Yes" if you have ever pled guilty, been placed on probation, pled nolo contendere, or granted deferred adjudication or any other type of pretrial diversion in any state or federal office, unless such offense was a Class C misdemeanor or minor traffic offense. Yes _____ No _____

****Note:** An offense is not a minor traffic violation if it involved alcohol or drugs, or if there was an attempt, whether successful or not, to suspend or revoke your driver's license as a result of the offense.

2. Have you ever been found in violation of laws or rules pertaining to professional practice or settled such charges prior to a formal finding in an administrative proceeding? Yes _____ No _____
3. Have you ever had a judgment against you or settled prior to such a finding in a civil proceeding related to professional practice? Yes _____ No _____
4. Are charges pending against you for any of the above? Yes _____ No _____
5. Have you had a professional license or certification denied, probated, suspended, or revoked? Yes _____ No _____

PLEASE NOTE: Applicants for full LPC licensure must provide all information relating to criminal history, professional license complaint history and civil liability suit history. Discovery of any of these past circumstances not disclosed may result in denial or revocation of your license and disclosure of discovered information to other licensing boards. If you answered YES to any of the preceding questions, you must attach a detailed explanatory statement AND certified court documents. Additional information may be requested.

By signing below, I affirm that I have read, understood, and agree to abide by the laws (TAC 22 Ch 681) and regulations (TOC Ch 503) pertaining to the practice of professional counseling in the state of Texas. I declare and affirm that the statements made on this form and any accompanying statements and documents are true, complete, and correct. I understand that any false or misleading information in, or in connection with this application may be cause for denial or loss of licensure.

(Intern's/Applicant's Signature)

(Date – MM/DD/YYYY)

TO BE COMPLETED BY BOARD APPROVED SUPERVISOR ONLY

SECTION A	Supervisor's Name _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (First) (Middle) (Last) </div>
	Supervisor's LPC-S License # _____ State _____ Date Issued _____ Expiration Date _____ <div style="display: flex; justify-content: space-around; font-size: x-small;"> (MM/DD/YYYY) (MM/DD/YYYY) </div>
	Email Address _____ Phone #: _____

SECTION B	<p>**If hours were earned in a jurisdiction other than Texas, please include a copy of the supervisor's credentials including official verification of out of state supervisors license with this form.</p>					
	<p>1. This LPC Intern received at least four hours of direct supervision per month under my supervision: Yes _____ No _____ If NO, explain: _____</p>					
	<p>2. This LPC Intern completed a minimum of 18 months of supervised experience under my supervision (§681.92(c)): Yes _____ No _____ If NO, explain: _____</p>					
	<p>3. Supervised experience (all sites)</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; width: 60%;"> <tr> <td style="padding: 2px;">Direct counseling hours</td> <td style="width: 100px;"></td> </tr> <tr> <td style="padding: 2px;">Indirect counseling hours</td> <td></td> </tr> <tr> <td style="padding: 2px;">Total number supervised experience hours (Do not include excess practicum hours.)</td> <td></td> </tr> </table>	Direct counseling hours		Indirect counseling hours		Total number supervised experience hours (Do not include excess practicum hours.)
Direct counseling hours						
Indirect counseling hours						
Total number supervised experience hours (Do not include excess practicum hours.)						

SECTION C	<p>As supervisor, do you recommend — without any reservation — this applicant for licensure to practice independent counseling? Yes _____ No _____</p> <p>If NO, please summarize (below) and submit the following documents with this form:</p> <ol style="list-style-type: none"> 1. A copy of your written record of “any concerns the supervisor discussed with the LPC Intern” as required by §681.93(a)(1)(F); 2. A copy of your “written plan for remediation” as required by §681.93(e); and 3. Copies of any Supervision Notes related to your reservation, concerns, or remedial plan.
	<p>Summary:</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>I, as supervisor of the above-named intern's/applicant's experience, certify it transpired in accordance with all laws and rules governing the practice of professional counseling, I declare and affirm that the statements made on this form and any accompanying statements and documents are true, complete, and correct.</p> <p>_____</p> <p>(Supervisor's Signature) _____ Date (MM/DD/YYYY)</p>

Mail to: TX BHEC TSBEP, 333 Guadalupe, Ste. 3-900, Austin, TX 78701