

Applicant: Last	First	Middle
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APPLICANT'S EMPLOYER INFORMATION:

Name of Applicant's Employer		Business Phone	
Address	Number and Street	City	State Zip Code

1. Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy? Yes No
2. Was this experience gained in a private practice setting? Yes No
3. Was this experience gained in a setting that provided oversight to ensure that the applicant's work meets the experience and supervision requirements and is within the scope of practice? Yes No
4. For hours gained as an Intern ONLY: Was the applicant receiving pay? Yes No
If YES, attach a copy of the applicant's W-2 statement for each year experience is claimed. If a W-2 has not yet been issued for this year, attach a copy of the current paystub. If applicant volunteered, submit a letter from the employer verifying volunteer status. N/A (pre-degree experience)

EXPERIENCE INFORMATION:

1. Dates of experience being claimed:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
2. How many weeks of supervised experience are being claimed? _____ weeks		
3. Hours of Experience:		Logged Hours
a. Total Direct Counseling Experience (<i>Minimum 1,750 hours</i>)		
• Of the above hours, how many were gained diagnosing and treating Couples, Families and Children? (<i>Minimum 500 of the 1,750 hours</i>)		
b. Total Non-Clinical Experience (<i>Maximum 1,250 hours</i>)		
• Of the above hours, how many were Face-to-Face Supervision?	Hours Per Week	Logged Hours
Individual		
Group (group contained no more than 8 persons)		
NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. The Board may take disciplinary action on a licensee who helps an applicant obtain a license by fraud, deceit or misrepresentation.		
Signature of Supervisor: _____		Date: _____