



**New Jersey Office of the Attorney General**  
 Division of Consumer Affairs  
 State Board of Marriage and Family Therapy Examiners  
 Professional Counselor Examiners Committee  
 124 Halsey Street, 6th Floor, P.O. Box 45044  
 Newark, New Jersey 07101  
 (973) 504-6582

<b>For Official Use Only</b>
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____

**Documentation of Supervised Counseling Experience**  
 (This form should be completed by the supervisor and forwarded directly to the Committee.)

for:  Licensed Professional Counselor Candidate  
 Licensed Rehabilitation Counselor Candidate

Please print clearly.

**Information about the applicant**

Last name	First name	Middle initial	Maiden name (if applicable)
Street address	City	State	ZIP code
Telephone number (include area code)		E-mail address	

**Information about the supervisor**

Last name	First name	Middle initial	Maiden name (if applicable)
Street address	City	State	ZIP code
Telephone number (include area code)		E-mail address	
License or Application Number			

**Please note:** The supervisor must hold a clinical license in a mental health-related discipline.

**Qualified supervisor: N.J.A.C. 13:34-10.2 and 13.1(a) (Check all that apply.) (For Licensed Professional Counselors Only)**  
 (Attach official verification for area(s) you checked.)

ACS (NBCC-Issued)       Three (3) graduate credits: Clinical Supervision       Other: \_\_\_\_\_

1. Do you hold a clinical mental health-related professional license in the State of New Jersey?  Yes  No  
 If "Yes," check the appropriate box.

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Marriage and Family Therapist | <input type="checkbox"/> Rehabilitation Counselor |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Professional Counselor        | <input type="checkbox"/> Clinical Social Worker   |
| <input type="checkbox"/> Other: _____ |  |   |

Year licensed: \_\_\_\_\_ License number: \_\_\_\_\_

2. Do you hold a professional license in any other state, the District of Columbia or in any other jurisdiction?  Yes  No

If "Yes," check the appropriate box.

**CONTACT THE ISSUING LICENSING BOARD TO OBTAIN AN OFFICIAL LETTER OF GOOD STANDING.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Psychiatrist           | <input type="checkbox"/> Marriage and Family Therapist | <input type="checkbox"/> Clinical Social Worker |
| <input type="checkbox"/> Physician              | <input type="checkbox"/> Rehabilitation Counselor      | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Professional Counselor | <input type="checkbox"/> Psychologist                  |   |

Year licensed: \_\_\_\_\_ License number: \_\_\_\_\_ State of licensure: \_\_\_\_\_

3. Graduate school attended: \_\_\_\_\_

Major: \_\_\_\_\_ Highest degree earned: \_\_\_\_\_

4. Is there any circumstance that precludes your objective assessment of the applicant?  Yes  No  
If "Yes," please explain on a separate sheet of paper. N.J.A.C. 13:34-13.1 (Examples: current and former clients, current employers (employees may not supervise employers), relatives of the supervisor, relatives of current clients, current students or close friends.)

**The information requested below concerns the setting in which the applicant received his or her supervised experience.**

\_\_\_\_\_ Tax status:  for-profit  not-for-profit  
Name of setting

\_\_\_\_\_ Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Telephone number (include area code)

1. Applicant's title (if any) during the time I supervised him or her: \_\_\_\_\_
2. Inclusive dates of the supervision: \_\_\_\_\_  
Date supervision started \_\_\_\_\_ Date supervision ended

(See N.J.A.C. 13:34-10.2, "One Calendar Year" means a maximum of 1,500 hours/year, 125 hours/month, 30 hours/week.)

3. Total number of supervised counseling or rehabilitation counseling hours completed by the applicant under my supervision: \_\_\_\_\_
4. Average number of hours per week I spent with the applicant in face-to-face supervision: \_\_\_\_\_
5. Average number of hours per week I spent with the applicant in group supervision: \_\_\_\_\_
6. I performed at least one of the following activities throughout the course of supervision. Check all that apply.  
(See N.J.A.C. 13:34-13.1(d)1)
- I worked as a co-counselor with the applicant.
  - I observed the applicant's sessions with clients.
  - I viewed videotapes of the applicant's sessions with clients.
  - I listened to audiotapes of the applicant's sessions with clients.
7. I performed at least one of the following activities throughout the course of supervision. Check all that apply.  
(See N.J.A.C. 13:34-13.1(d)2)
- I reacted to case presentations given by the applicant.
  - I conducted role-playing sessions with the applicant.
8. I performed all of the following activities throughout the course of supervision. Check all that apply.  
(See N.J.A.C. 13:34-13.1(d)3)
- I engaged in problem-solving discussions with the applicant regarding individual clients.
  - I entered into problem-solving discussions concerning the applicant's own problems, insofar as such problems were affecting the applicant's work with clients.
  - I offered feedback to the applicant regarding specific interventions utilized with a client.
  - I offered feedback concerning the applicant's personal qualities as they affect work with clients.
  - I offered feedback to the applicant regarding the supervision experience.
  - Other (please be specific) \_\_\_\_\_
- Did you maintain weekly supervision notes which will be made available to the Committee upon request?  
 Yes  No

9. **Services provided by supervisee:** (See N.J.A.C. 13:34-10.2 and check all that are applicable.)
- Clinically assess and evaluate mental, emotional, behavioral and associated distresses
  - Conduct assessments and evaluations for the purpose of establishing treatment goals and objectives
  - Plan, implement and evaluate counseling interventions

10. **Counseling procedures implemented by supervisee:** (See N.J.A.C. 13:34-10.2 and check all that are applicable.)

- Appraisal and assessment
- Counseling
- Consulting
- Referral
- Research

11. **Supervisor's conclusions and recommendations**

This applicant is seeking to become a Licensed Professional Counselor or a Licensed Rehabilitation Counselor in New Jersey. By this application, the applicant is claiming readiness for unsupervised, independent professional practice and readiness as a clinical supervisor. In assessing the applicant's professional readiness, you are now being asked if the applicant possesses the following abilities and knowledge.

- |  |                              |                             |                                       |
|--|------------------------------|-----------------------------|---------------------------------------|
| The ability to establish a counseling relationship.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| The ability to assess a client's needs and to plan appropriate interventions.                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| The ability to make interventions appropriate to client needs.                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| The ability to be flexible in choosing and changing interventions as appropriate.            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| The ability to assess prudently one's own capacities and skills in a professional situation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| The ability to work effectively in a one-to-one relationship.                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| The ability to work effectively where systems-level interventions are required.              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| The applicant demonstrates ethical behavior.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |

12. **On a separate sheet of paper, please assess the applicant's current state of preparedness for licensure. Also, please make a recommendation regarding the applicant's further professional development. Your recommendations are an important element in the Committee's overall evaluation of the applicant's qualifications for licensure.**

13.  I recommend the applicant for licensure at this time.  
 I do ***not*** recommend the applicant for licensure at this time. (Please explain in details why in the comment section below.)

**Certification**

I certify that all of the foregoing information provided herein is true and if any information provided by me is willfully false, I am subject to punishment.

_____	_____
Signature of supervisor	Date

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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