

**POST-DEGREE EXPERIENCE AND SUPERVISION—Licensed Professional Counselor
INSTRUCTIONS/CHECKLIST**

- Make copies as needed and submit ONE form for EACH supervisor and place of employment.
- All fields must be completed.
- Original signatures are required. Copies will not be accepted.
- The supervisor MUST initial ANY corrections to the form(s), including white-outs and crossed out information.
- Signatures cannot be dated prior to the last date of experience/supervision.
- The supervisor must be or have been licensed in the state in which the supervision took place during the time of supervision.
- Experience and supervision hours must be completed after the date all degree requirements have been met. If you completed all degree requirements prior to the conferral date posted on your transcript and wish to begin counting your post-degree supervised experience from the earlier date, the Department Chair or a staff member of similar status must provide a letter verifying the date you met all requirements for the specific degree awarded.
- Submit all Post-Degree Experience and Supervision form(s) together to the Office of Licensing once all hours have been completed.
- Experience and supervision must be done concurrently.

Experience:

- 2000 clock hours must be documented over a **minimum** of 24 months.

Supervision:

- Supervision is defined in Board Rule 17 at www.dora.state.co.us/mental-health/lpc/Rules3111.pdf.
- Applicants must receive a minimum of 100 clock hours of supervision, at least 70 hours of which must be face-to-face individual supervision, over a **minimum** of 24 months.

COMPLETED POST-DEGREE EXPERIENCE AND SUPERVISION—Licensed Professional Counselor

Clinically Supervised Work Experience

SECTION 1: To be completed by the APPLICANT

Applicant Name: Last:	First:	Middle:	Suffix:
Place of Employment:			
Employment Address:	PO Box, Street:		
	City, State, Zip:		

SECTION 2: To be completed by the CLINICAL SUPERVISOR

The information listed below must reflect only those post-degree activities and services the applicant performed under the supervisor's "personal direction and responsible direction" (see Board of Licensed Professional Counselor Examiners Rule 17 and the Colorado Mental Health Statute, C.R.S. 12-43-601, for applicable rules and definitions). Experience and supervision must be done concurrently.

EXPERIENCE and SUPERVISION was conducted and completed between _____ **and** _____ **as follows:**
 (mm/dd/yyyy) (mm/dd/yyyy)

EXPERIENCE 2000 clock hours over a <u>minimum</u> of 24 months	SUPERVISION 100 clock hours, with at least 70 hours of face-to-face/individual supervision, over a <u>minimum</u> of 24 months
(a) _____ work experience hours	(a) _____ hours of face-to-face/individual supervision
Does this experience include teaching? <input type="checkbox"/> YES <input type="checkbox"/> NO	(b) _____ hours of group supervision
If YES:	
(b) _____ teaching hours included in (a) above. Attach a description of the courses taught.	
_____ TOTAL HOURS of post-degree experience.	_____ TOTAL HOURS of post-degree supervision

I affirm that the experience and supervision I have described on this form was conducted and completed in accordance with Title 12, Article 43, Colorado Revised Statutes and Rule 17 of the Colorado Board of Licensed Professional Counselor Examiners. I further affirm that the supervisee's work toward the hours of experience was conducted and completed under my supervision, and has met the generally accepted standards of practice.

I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Supervisor Name: (print)			Degree:	
Address: PO Box, Street:				
City, State, Zip:				
State where experience / supervision took place	Type of license	License Number	License Issue Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)

Supervisor Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____