

Provisional Licensed Professional Counselor (P-LPC)

➤ Application requirements

- Complete 60 graduate semester hour (90 quarter hour) master's degree, which includes the 12 course content areas
- Pass the National Counselor Exam
 - Does not require Board approval...even though the NBCC site indicates differently.

Do not apply
for board
certification

To register for an examination for the purposes of board certification:

Create or log in to your ProCounselor account by clicking the button below to begin the process. Once your documentation for certification is received and approved, you will receive an email regarding your exam.

EXAM REGISTRATION FOR CERTIFICATION

Make sure to
apply for
state
licensure

To register for an examination for the purposes of state licensure:

Create or log in to your ProCounselor account by clicking to button below to begin the process. Once registered, you will receive an email from Pearson VUE, our exam site host, with information about scheduling your exam.

EXAM REGISTRATION FOR STATE LICENSURE

Provisional Licensed Professional Counselor (P-LPC)

➤ Application requirements

- Submit Declaration of Practice indicating clinical setting
- Submit supervision contract
- Complete Application and Pay Application Fee

Supervised Experience Requirements

- The new Rules and Regulations - someone with a P-LPC can practice in a private practice setting (a “non-governed by” setting) with an LPC onsite.
- Prior Rules and Regulations required an individual with an LPC-S onsite.

Supervised Experience Requirements

- The MS Board will only approve clinical sites in Mississippi.
- A Mississippi LPC-S cannot practice (supervise hours) in another state...without being appropriately licensed in that state.

Supervised Experience Requirements

- What if I live in a “border town”?
- Example: What if I want to practice in Waveland, MS and Slidell, LA.
 - You must follow the Laws and Rules and Regulations for Mississippi and Louisiana.
 - If verified by the LA Board, The MS Board would consider accepting the hours accrued in LA for a MS LPC.

Declaration of Practice

- Basically, informed consent for site setting for supervisee
- Individuals with a P-LPC practicing in a non-governed by setting (e.g., private practice, etc.) are encouraged to have clients sign this declaration as part of his/her Informed Consent process.

Declaration of Practice

Name:

Name of Practice Setting:

Address of Practice Setting:

Phone Number of Practice Setting:

Qualifications:

- Degree earned / university earned from
- Field of study
- Note you are a P-LPC (or P-LPC Applicant – update if P-LPC is issued)
- Statement of supervision as a requirement for P-LPC
- Name of LPC-S and contact information
- If you are in a private practice setting, who is the agreed upon LPC on-site while you are providing counseling services? Name: _____ Phone: _____ Email: _____

Declaration of Practice

Counseling Relationship:

- Describe your views of counseling and the counseling process. Include the purpose and goals of counseling from your perspective
- Describe the relationship between the counselor and client
- Describe your theoretical orientation and the techniques used in your practice

Areas of Focus / Services Offered / Clients Served:

- Provide areas of expertise, experienced gained, or the areas you are expecting to gain experience (marriage and family issues, children, depression, adjustment, A&D, etc.)
- Clientele in which you work with
- Clientele in which you are not working with
- Format of counseling provided (individual, group, family, marriage)

Declaration of Practice

Office Procedures:

- How appointments are made
- Days and times appointments are available (when you will be working)
- Cancellation policy
- Whether Insurance accepted/not accepted and information regarding Co-pays

Code of Conduct:

- Code of Ethics and Rules that you must abide by
- How to access Codes of Ethics and MS Rules and Regulations for counselors
- How to file a complaint

Declaration of Practice

Confidentiality:

- Confidentiality statement
- Exceptions to confidentiality
- Privileged Communication statement
- Marriage and family confidentiality expectations (if working with this clientele)
- Confidentiality expectations for minors (if working with this clientele)

Emergency Situations:

- Who to contact in an emergency and contact information

Client Responsibilities:

- Your expectations from the client

Declaration of Practice

Potential Counseling Risks:

- List potential risks experienced by the client during the counseling process

Audio/Video Recording:

- State whether sessions will be recorded, and if so, the methods of recording
- Purpose of the recordings (supervision)
- Who will have access to the recordings
- How recordings will be secured
- When / how destroyed

Supervised Experience requirements for the LPC

- LPC requirements
(Beginning July 1, 2018)
 - 3,000 post-masters
 - 1,200 direct
services
 - 100 supervision

Supervision Contract Requirements

- Register the supervision agreement online through the Board's web portal.

Supervision Contract

- Upload the signed supervision contract to the Board's portal
 - Brief philosophy of supervision (1-2 paragraphs)
 - Expectations of supervisee
 - Supervisor and supervisee responsibilities
 - Back up LPC-S for when supervisor is out of pocket
 - Terms of supervision (including fees)
 - Signatures of supervisor and supervisee

Supervision by Distance Professional Services

- Supervision can be provided by way of Distance Professional Services.
 - Complete the Board Certified TeleMental Health (BC-TMH) credential through CCE.
 - File the BC-TMH credential with the Board.
 - Conferencing/supervision is only allowed via secure synchronous video.
 - The Supervision Agreement submitted to the Board must explain the use and limits of distance supervision.

Declaration of Practice

Supervisee will
upload to Board's
web portal.

Supervisor
will
'concur'.

Supervision Documentation

- Progress Note
- Hours Log
- Form B
- Update upon LPC-S renewal

Supervision Contract Requirements

- P-LPCs must report supervised hours using the online log portal provided through the LPC Board's website.

LPC-S Documents Supervised Experience

General Registration | Education | App Info | Complaints | Payments | Print Forms | Online Payments

General Registration

PUBLISHED ADDRESS (Public): HOME BUSINESS DO NOT PUBLISH

PUBLISHED PHONE NUMBER: HOME BUSINESS CELL DO NOT PUBLISH

BOARD CORRESPONDENCE: HOME BUSINESS



[Redacted]
Anticipated Dates: From 10/18/2018 To 10/19/2020
(Supervision began on 10/18/2018)

[View/Update Agreement](#) [Form B - PDF](#) [Print/View Declaration of Practice](#)

[View/Prepare Supervision Reporting Log](#) [Agreement Complete](#) [Update Completed Hrs.](#)

Documenting Supervised Experience

Complete
during
supervision

OR

Verify

Direct Clinical Hours include: Face to Face With Client (individual, family, couple, and group counseling)
Indirect hours are entered in Other Services.

Report in Hours e.g. 1, 2, 3.75, etc
Enter weeks in chronological order with earliest date first.

Enter the date of the first day of the week (Sunday or Monday)	Direct Services/Face to Face Counseling				Indirect Services/ Other Services	Supervision		Total hours (of supervised clinical practice – not more than 40/week)
	Individual	Couples/ Family	Group	Testing/ Assess		Individual Supervision Hours (with Supervisor)	Group Supervision Hours (with Supervisor)	
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
<input type="button" value="Add"/>		<input type="button" value="Return to Profile"/>						

Reports from Previous Weeks

Date of the first day of the week (Sunday or Monday)	Direct Services/Face to Face Counseling				Indirect Services/ Other Services	Supervision		Total hours (of supervised clinical practice – not more than 40/week)	
	Individual	Couples/ Family	Group	Testing/ Assess		Individual Supervision Hours (with Supervisor)	Group Supervision Hours (with Supervisor)		
2019-04-08	021	0	0	0	17.5	01.5	0	40	Edit
2019-04-01	018	0	0	0	20.5	01.5	0	40	Edit
2019-03-25	022	0	0	0	16.5	01.5	0	40	Edit
2019-03-18	022	0	0	0	16.5	1.5	0	40	Edit

Supervision Documentation by the LPC-S

➤ Prepare Form B

- Agreement Complete
- Verify the completed hours from the supervision reporting log and enter in the blank fields, then click on the “Update” button
- LPC-S will then be taken to the Form B to complete
- Form B is automatically submitted was LPC-S “saves form”

General Registration Tab

General Registration | Education | App Info | Complaints | Payments | Print Forms | Online Payments

General Registration

PUBLISHED ADDRESS (Public): HOME BUSINESS DO NOT PUBLISH

PUBLISHED PHONE NUMBER: HOME BUSINESS CELL DO NOT PUBLISH

BOARD CORRESPONDENCE: HOME BUSINESS

[Redacted]

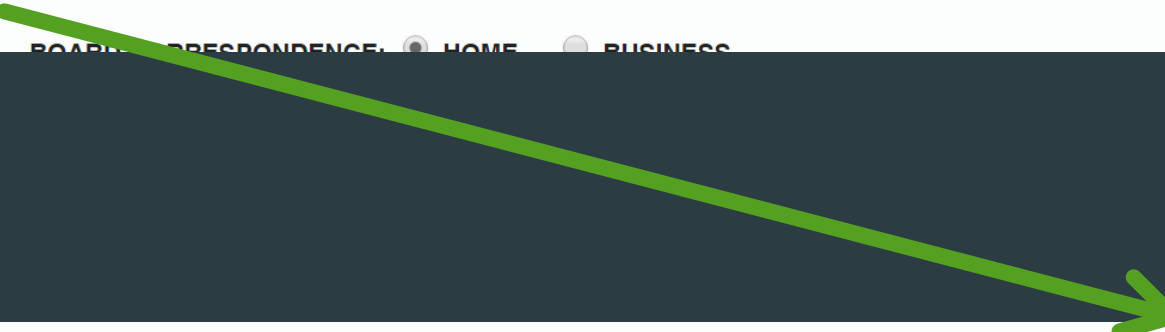
Anticipated Dates: From 10/18/2018 To 10/19/2020
(Supervision began on 10/18/2018)

[View/Update Agreement](#) [Form B - PDF](#)

[Print/View Declaration of Practice](#)

[View/Prepare Supervision Reporting Log](#) [Agreement Complete](#)

[Update Completed Hrs.](#)




Today is: Wednesday, April 17, 2019

Are you sure you want to end this agreement with Test Atest

If you click Yes, you will not be able to make any further edits to the reporting logs.

If yes provide the information below:

Date the agreement was ended: 

Reason for ending supervision:

- Completed terms of Agreement
- Supervisee moved to another location
- Due to professional or personal conflict - Explain in box below
- Other - Explain in box below

Yes

No

Below is a list of the Supervised Experiences entered.

Name: Richard Strebeck
 First Middle or MI Last
 Address: 11201 Old Highway 49 Gulfport MS 39503
 Address City State Zip
 Place of employment where Supervisory Hours were obtained: William Carey University Tradition Campus
Address of organization or agency: 19640 Highway 67 Biloxi MS 39532
 Address City State Zip
 Date of Supervised experience: FROM: 2019-04-09 TO: 2021-04-05
 BQS: No Yes DATE BQS APPROVED: 2008-05-15 BQS No.: 11

Anticipated weekly hours as per this Post Grad Agreement

TOTAL HOURS*: 40 DIRECT CONTACT: 25 INDIVIDUAL SUPERVISION: 1 GROUP SUPERVISION: 0
 *Total Hours = sum of direct hours, indirect hours, individual supervision, and group supervision.

Completed Hours of Supervision

FROM WEEKLY LOG: TOTAL HOURS: 0 DIRECT CONTACT: 0 INDIRECT: 0 INDIVIDUAL SUPERVISION: 0 GROUP SUPERVISION: 0

TOTAL HOURS*: DIRECT CONTACT: INDIRECT CONTACT: INDIVIDUAL SUPERVISION: GROUP SUPERVISION:

*Total Hours = sum of direct hours, indirect hours, individual supervision, and group supervision.

Did the supervisee receive at least one (1) face-to-face supervision hour for every forty (40) hours of services provided OR one (1) face-to-face hour of supervision for every twenty-five (25) hours of Direct Services? (For persons working part-time, supervision should occur no less frequently than every other week.)

Yes No

At the time of supervision my experience/employment was

POST DEGREE FULL TIME PART TIME AT %

Update

When you have posted the hours for the Completed Hours of Supervision, you will be taken directly to the Form B.

Verify/enter hours

Click update

Complete Description of Practice

CERTIFICATION OF SUPERVISION:

I hereby certify that I supervised the Professional Counseling practice of the above-named Applicant during the following period(s):

FROM: 4/30/2019 TO 4/30/2019 LOCATION: William Carey University Tradition Campus

TOTAL HOURS: 100 DIRECT CONTACT: 50 INDIRECT: 40 INDIVIDUAL SUPERVISION: 10 GROUP SUPERVISION: 0

***Total Hours = sum of direct hours, indirect hours, individual supervision, and group supervision.**

At the time of supervision the applicant's employment was (check only one)

FULL TIME PART TIME AT %

MS LPC 04.20.16

Board Office Use Only

Envelope Sealed & Signed

Signature Matches Form

DESCRIPTION OF PRACTICE SUPERVISED: *(Please provide detailed description.)*

Make recommendation

RECOMMENDATION AND VERIFICATION:

I, the undersigned Supervisor or authorized representative, attest that I provided the supervision described above- that this is a true and accurate representation of that supervision and that I:

- Recommend, without reservation, that the applicant be considered for licensure.
- Recommend with some reservations, that the applicant be considered for licensure.
 - I have included my explanation in the Description of Practice Supervised box above.
- Do Not Recommend that the applicant be considered for licensure.
 - I have included my explanation in the Description of Practice Supervised box above.
- BY CHECKING THIS BOX, I AM CERTIFYING THAT THE INFORMATION SUBMITTED BY ME IN THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (When you check this box and Save the Form no further changes can be made to the form.)**

Cancel

Save Form