

# Nuts and Bolts of Supervision: P-LPC to LPC Candidate Application

# 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

- P-LPCs must report supervised hours using the online log portal provided through the LPC Board's website.
- Supervised Experience must be entered in the online reporting log weekly and LPC-S reviews/edits/approves.

# Documenting Supervised Experience

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

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**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PUBLISHED ADDRESS (Public):  HOME  BUSINESS  DO NOT PUBLISH

PUBLISHED PHONE NUMBER:  HOME  BUSINESS  CELL  DO NOT PUBLISH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](#) [View/Prepare Supervision Reporting Log](#) [Agreement Complete](#) [Update Completed Hrs.](#)

[Print/View Declaration of Practice](#)

# 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	<a href="#">Edit</a>
2019-04-01	018	0	0	0	20.5	01.5	0	40	<a href="#">Edit</a>
2019-03-25	022	0	0	0	16.5	01.5	0	40	<a href="#">Edit</a>
2019-03-18	022	0	0	0	16.5	1.5	0	40	<a href="#">Edit</a>

# Supervision Documentation

- Form B is prepared by LPC-S and submitted electronically for the Board to review

# General Registration Tab

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

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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

# Apply for LPC

The screenshot shows a web browser window with the URL <https://www.lpc.ms.gov/secure/licenseprofile.asp>. The page features a green header with a "Logout" button. Below the header is a banner image with the text "MISSISSIPPI STATE BOARD OF EXAMINERS FOR LICENSED PROFESSIONAL COUNSELORS". The main content area displays the date "Today is: Thursday, April 09, 2020" and a user profile form. The form includes a "Photo Tool" section with a "Browse..." button and a "No file selected." message. The profile information is as follows:

P-LPC License No. P-9998	<input type="button" value="Save Changes"/>	<input type="button" value="Logout"/>
License No.: 0		
Last Name: Test		<b>Renewals cannot be processed more than 60 days prior to your expiration date.</b>
First Name: Andy		
Middle or MI: T		
Title: Mr.		<input type="button" value="Apply for LPC License"/>
Suffix:		Password: 0987

The "Apply for LPC License" button is circled in red.