

**South Carolina Board of Examiners for Licensure of  
Professional Counselors, Marriage and Family  
Therapists, and Psycho-Educational Specialists**

**Plan and Arrangements for Clinical Supervision  
of Post-Master's Clinical Experience in Counseling**

**REQUIRED BY APPLICANTS FOR LPC/I**

1. Please print or type.
2. This form must be signed by the Licensed Professional Counselor Supervisor (Supervisor Candidate, if applicable) and the applicant. Original signatures are required on the third page of this form although the form itself may be photocopied for multiple supervisors. Please refer to [www.llr.state.sc.us/pol/counselors](http://www.llr.state.sc.us/pol/counselors) for a current list of Licensed Professional Counselor Supervisors.
3. It is the applicant's responsibility to return this form to CCE. LPC Intern applications are considered incomplete without this form.

Applicant Name (last, first, middle initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

*I have applied for licensure by the South Carolina Board of Licensed Professional Counselors and I am required to make arrangements for Board-approved supervision of my counseling practice in order to become board eligible.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Licensed Supervisor or Supervisor Candidate  
Verification Information**

Check appropriate category:       Supervisor       Supervisor Candidate

Name (last, first, middle initial): \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code (+4): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

LPC/S Name: \_\_\_\_\_  
(if supervision is to be completed by a supervisor candidate, indicate the candidate's supervisor)

LPC/S License Number: \_\_\_\_\_ LPC/S License Expiration Date: \_\_\_\_\_

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As per Regulation 36-05(3), applicants for full licensure must submit evidence of a minimum 1,500 hours of supervised clinical experience in the practice of professional counseling performed over a period of not less than two years under the supervision of a Licensed Professional Counselor Supervisor, Supervisor Candidate or other qualified mental health practitioner, as approved by the Board. The experience must include a minimum 1,500 hours of supervised clinical experience in the practice of professional counseling with individuals, couples, families, or groups of which a minimum of 150 hours must be spent in supervision with a Licensed Professional Counselor Supervisor or Supervisor Candidate (100 hours of individual supervision and 50 hours of either group or individual supervision). For more information about supervisory requirements, contact the South Carolina Board at (803) 896-4665.

**Provide details of your plan to complete the required supervised experience.** The dates must reflect a 2-year period beginning no earlier than you anticipate being licensed as an LPC Intern. Incomplete plans will delay your application process. If you have questions regarding the completion of this form, contact CCE.

Facility name, address, telephone and type of work experience (planned over two years)	Position title	From month/year	To month/year

**1. Plan for supervised clinical experience of direct counseling client contact:**

(Must reflect a minimum of 1,350 hours of supervised clinical experience)

Plan for 1,350 hours of direct client contact in counseling of individuals, couples or groups under the supervision of a Licensed Professional Counselor Supervisor, Professional Counselor Supervisor Candidate, or other qualified licensed mental health practitioner	Total # of hours	From month/year	To month/year

**2. Plan for required 150 hours of post-master's immediate supervision by a Licensed Professional Counselor Supervisor or Supervisor Candidate:**

	Total # of hours	From month/year	To month/year
A. Individual (a minimum of 100 hours required to be individual supervision)			
B. Group			
Total hours of supervision by a Licensed Professional Counselor Supervisor or Supervisor Candidate.			

If you plan to be supervised by a Supervisor Candidate, you must have the supervisor of the LPC Supervisor Candidate sign this form also.

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
(Original signature required)

Signature of Supervisor Candidate (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_  
(Original signature required)

The Supervisor does not have to be located on-site.

## **SUPERVISION**

Regulation 36-01(1) defines supervision as:

Supervision means face-to-face contact between a Supervisor and an Intern or other person requiring supervision under this chapter during which time the person supervised appraises the supervisor of the diagnosis and treatment of each client, during the supervisory process. The supervisor provides the supervised person with oversight and guidance in diagnosing, treating, and dealing with clients, and the supervisor evaluates the supervised person's performance.

The focus of a supervision session is on raw data from clinical work which is made directly available to the supervisor through such means as written clinical materials, direct (live) observation, co-therapy, audio and video recordings, and live supervision.

Supervision is a process clearly distinguishable from personal psychotherapy and is contrasted in order to serve professional goals.