



PRINT LEGIBLY OR TYPE
ALABAMA BOARD OF EXAMINERS IN COUNSELING

**PROPOSED PLAN OF SUPERVISION
FOR
ASSOCIATE LICENSED COUNSELOR**

1. Name of Applicant _____
Last First Middle
- a. Home Address _____
Street City State Zip
- b. Home Telephone _____
- c. Counseling Practice Name & Address _____
Name of Organization

Street City State Zip
- d. Counseling Practice Telephone _____
- e. Other Current Employment _____
Name of Organization

Address _____
Street City State Zip

Telephone _____
2. Name of Supervising Counselor _____
Last First Middle
- a. ABEC Supervising Counselor # _____ LPC License # _____ Expiration Date: _____
- b. Business Name & Address _____
Name of Organization

Street City State Zip
- c. Business Telephone _____
- d. Name(s) of ALCs presently being supervised _____

3. Describe any previous personal and/or professional relationship between the Supervising Counselor and applicant.

4. Outline the learning goals of the supervision plan.

5. Outline strategies for accomplishing the proposed goals outlined in Item 4.

6. Outline evaluation procedures to be utilized in accomplishing the goals and strategies identified in Items 4 & 5 of the supervision plan.

The Supervising Counselor must file a Final Supervision Progress Report immediately upon the termination of the supervisory relationship.

The Administrative Code requires the following:

1. The Supervising Counselor must personally provide to the ALC a minimum of one hundred (100) total hours of supervision annually to include a minimum of fifty (50) hours of one-to-one, face-to-face, personal individual supervision. Supervision provided for a period of time less than a full year must be a minimum weekly average of two (2) hours which must include at least fifty percent (50%) of one-to-one, face-to-face personal individual supervision.
2. The Associate Licensed Counselor must accrue 3000 hours of supervised experience (2250 hours of direct counseling service to clients and 750 hours of indirect service).
3. Both the Supervising Counselor and the ALC have responsibility for maintaining records of supervision sessions and records of direct and indirect counseling service. These records may be examined, on request, by the Board.

Regulations specify a minimum of one hundred (100) total hours of supervision annually to include a minimum of fifty (50) hours of one-to-one, face-to-face, personal individual supervision. If supervision is provided for a period of time less than a full year, supervision must be a minimum weekly average of two (2) hours which must include at least fifty percent (50%) of one-to-one, face-to-face, personal individual supervision.

List methods/techniques and hours of one-to-one supervision to be provided annually: (e.g., live observation, co-counseling/therapy, etc.)

ONE-TO-ONE/FACE-TO-FACE

Method/Technique

Estimated Number of Hours:

List other methods/techniques and hours of supervision to be provided annually: (e.g., group, administrative monitoring, etc.)

Method/Technique

Estimated Number of Hours:

Estimated total hours of supervision to be provided annually: _____

We, the undersigned, confirm our understanding of the following:

1. Associate Licensed Counselor may not accrue supervised experience until the ALC license has been issued. Supervision must begin when the ALC license has been issued,
2. Supervision under this Plan may only be provided by the Supervising Counselor named on Page 1-Item 2 (i.e., supervision and/or experience supervised by any other supervisor may not accrue toward licensure requirements),
3. Supervisee shall accrue no supervised experience toward licensure during any period of licensure inactivation or discontinuous licensure by the Supervising Counselor,
4. Supervisee shall accrue no supervised experience toward licensure during any period of licensure inactivation or discontinuous licensure by the ALC,
5. Supervising Counselor will file an annual supervision progress report (on the anniversary of the issue date of the ALC license),
6. Immediately upon termination of the supervisory relationship, the Supervising Counselor must file a Final Supervision Progress Report.

We, the undersigned, state that we have thoroughly read and understand Chapter 255-X-3-.02 of the Administrative Code, and we agree that we will abide by these regulations and faithfully follow them during the period of implementation of the supervisory plan described and outlined herein. We swear/affirm that the statements made herein are true in every respect.

Supervising Counselor

Associate Licensed Counselor Applicant

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires:_____.