

# Alabama Board of Examiners in Counseling

2777 Zelda Road • Montgomery, Alabama 36106

## **LICENSED PROFESSIONAL COUNSELOR – SUPERVISOR (LPC-S) APPLICATION**

To apply for your license as a Licensed Professional Counselor – Supervisor (LPC-S) **you must submit the required documentation to the ABEC with sufficient advanced time to allow the ABEC office to process, review, and, if found acceptable, forward your application to the next available ABEC agenda for final review and voting.**

A COMPLETE RENEWAL APPLICATION PACKET MUST INCLUDE:

- 1) Complete, *with signatures*, LPC-S Application Form
- 2) Renewal fee of \$150.00
  - a) Make check or money order payable to: Alabama Board of Examiners in Counseling
  - b) To comply with directives from the Examiners of Public Accounts, the ABEC will deposit all checks upon receipt. **Deposit of the renewal fee does not constitute or confirm renewal of your license.**
  - c) PLEASE NOTE THE APPLICATION FEE IS NOT REFUNDABLE UNDER ANY CONDITION.
- 3) Documentation of Training
- 4) Theoretical Foundation Statement
- 5) Recommendations from three (3) ABEC licensed LPC's (use official ABEC LPC-S Recommendation Form only)
- 6) Special Assignment Statement, with Résumé/CV (if applicable)



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## PERSONAL AND BACKGROUND INFORMATION

▶ Date of Application: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

▶ Applicant's Name (last/first/middle): \_\_\_\_\_

▶ LPC License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Your name as printed on current LPC license: \_\_\_\_\_

▶ List home and business contact information. Check box to indicate address you wish Board to use for corresponding with you AND that will also appear on the roster on our website.

Home (street): \_\_\_\_\_

(city, state, zip): \_\_\_\_\_

Phone (incl. area code): \_\_\_\_\_ Email: \_\_\_\_\_

Business (organization name): \_\_\_\_\_

(street): \_\_\_\_\_

(city, state, zip): \_\_\_\_\_

Phone (incl. area code & ext.): \_\_\_\_\_ Email: \_\_\_\_\_

Title/Position: \_\_\_\_\_

▶ List all of your degrees, including area of study for each:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

▶ Have you completed at least five (5) years of full-time clinical practice as an LPC as required by Administrative Code 255-X-3-.03(a)? .....  Yes  No

▶ Do you agree to abide by the current Code of Alabama, the ABEC Administrative Rules, and the ABEC Code of Ethics and Standards of Practice? .....  Yes  No



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## TRAINING

- ▶ Check all that apply below and provide documentation (e.g., certificate or official transcript) of their completion.
  - ABEC Approved Event (minimum 24 contact hours) within last three (3) years
  - Academic Courses in Supervision from an Accredited Graduate Program within last three (3) years
  - Certified/Approved Supervisor in:
    - AAMFT – Approved Supervisor
    - AAPC – Diplomate
    - AMHCA – Approved Supervisor
    - NBCC – Approved Clinical Supervisor

## THEORETICAL FOUNDATION

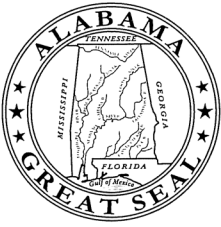
- ▶ Provide a typed statement discussing your philosophy and model(s) of supervision and an assessment of your strengths and weaknesses as a potential supervisor. This statement shall adequately demonstrate familiarity with the significant legal, ethical, and clinical issues relevant to the supervisory relationship.

## PEER RECOMMENDATIONS

- ▶ Provide recommendations from three (3) ABEC licensed LPC’s (use official ABEC LPC-S Recommendation Form only)

## SPECIAL ASSIGNMENT

- ▶ I would like to be considered for inclusion on the ABEC Panel of Supervisors for LPC’s who are required by the ABEC to enter into supervision in order to remediate an ethical violation.
  - 1) I have attached a statement on why I would like to be part of this panel. ....  Yes  No
  - 2) I have attached a résumé or curriculum vitae. ....  Yes  No



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## AFFIDAVIT

*Must be signed and notarized.*

- ▶ I authorize the Alabama Board of Examiners in Counseling to make such inquiry as necessary in validating information contained in this application.
- ▶ I understand that the Board has final decision and authority with reference to this application. I understand that any false or misleading information in connection with this application may be cause for rejection of the application, revocation of the license and/or possible legal action for such fraudulent information.
- ▶ I understand that failure to comply with the Code of Alabama, the ABEC Administrative Rules, and the ABEC Code of Ethics and Standards of Practice may affect my licensure status with ABEC.
- ▶ I, the undersigned swear/affirm that I am over the age of 19 years, am the person who executed this application; that the statements contained herein are true in every respect; that I have not suppressed any information that might affect this application; that I have read and will conform to the current Code of Alabama, the ABEC Administrative Rules, and the ABEC Code of Ethics and Standards of Practice; and that I have read and understand this affidavit.

Applicant (sign): \_\_\_\_\_ (print): \_\_\_\_\_

Address (street): \_\_\_\_\_

(city, state, zip): \_\_\_\_\_

Phone (incl. area code): \_\_\_\_\_ Email: \_\_\_\_\_

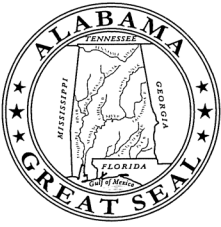
Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public (sign): \_\_\_\_\_ (print): \_\_\_\_\_

My commission expires: \_\_\_\_\_

### **SUBMIT THIS APPLICATION AND FEE TO:**

Alabama Board of Examiners in Counseling  
2777 Zelda Rd.  
Montgomery, AL 36106



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## LPC-S RECOMMENDATION FORM

▶ Applicant's Name (last/first/middle): \_\_\_\_\_

▶ Applicant's LPC #: \_\_\_\_\_

*The person listed above has applied to the Alabama Board of Examiners in Counseling to become an approved Supervising Counselor. Your objective rating of this applicant's professional/personal qualifications will enable the Board to evaluate whether this applicant meets its standards. All applicants have a right to review their file.*

### RATER

▶ Rater's Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Rater's LPC #: \_\_\_\_\_

▶ Organization Name: \_\_\_\_\_

Address (street): \_\_\_\_\_

(city, state, zip): \_\_\_\_\_

Email: \_\_\_\_\_

▶ Relationship to Applicant (Check all applicable.)

Employment Supervisor

Personal Friend

Professional Colleague

Current Supervisor

Other: \_\_\_\_\_



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## QUANTITATIVE RANKING

▶ Please circle the appropriate number to rate the applicant on the following characteristics.

▶

The applicant demonstrates knowledge:

[1 = lowest, 5 = highest]

of various counseling theories, systems and their related models

..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

of personal, philosophical, theoretical, and methodological approaches to counseling

..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

of the counselor development process ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

in case conceptualization and management ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

and competency in client assessment..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

regarding research in supervision ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

of supervision and techniques ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

of ethical considerations that pertain to the supervisory process, including dual relationships, due process, evaluation, informed consent, confidentiality, and vicarious liability

..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

The applicant demonstrates:

commitment to the role of supervisor ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

and enforces ethical and professional standards ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

facilitates conditions (empathy, concreteness, respect, congruence, genuineness, and immediacy)

..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

a high degree of self-awareness and knowledge about her/his/their strengths and limitations

..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate



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conceptual knowledge of the personal and professional nature of the supervisory relationship

.....1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

a sense of humor .....1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

an understanding of legal and regulatory documents and the impact on the profession (e.g., certification, licensure, duty to warn, guardians rights to children’s records, third party payments, etc.)

.....1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

## The applicant is:

sensitive to individual differences with respect to gender, race, ethnicity, culture, and age characteristics in counseling relationships

.....1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

committed to updating her/his/their own counseling and supervisory skills

.....1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

encouraging, optimistic, and motivational.....1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

comfortable with authority in the supervisory role.....1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

proficient in evaluation of counselor effectiveness .....1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

## The applicant demonstrates competency in the application of counseling theory and methods for:

individual counseling.....1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

marriage and family counseling.....1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

addictions counseling.....1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

career counseling .....1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

pastoral counseling.....1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate



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rehabilitation counseling.....1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

counseling the mentally ill.....1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

school counseling.....1 ..... 2 ..... 3 ..... 4 ..... 5 ..... Unable to Evaluate

- ▶ Attempts to secure ratings on the scale above are sometimes inadequate for a thorough evaluation of an applicant. Please use the space below for any additional comments.

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Rater (sign): \_\_\_\_\_ (print): \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE SUBMIT THIS RECOMMENDATION FORM TO:**

Alabama Board of Examiners in Counseling  
 2777 Zelda Rd.  
 Montgomery, AL 36106

(205) 458-8716 or (800) 822-3307