



# Alabama Board of Examiners in Counseling

2777 Zelda Road • Montgomery, Alabama 36106

## Final Supervision Report and Evaluation Instructions

The *Final Supervision Progress and Evaluation Report* is to be filed when the supervisory relationship between the Associate Licensed Counselor (ALC) and the Supervising Counselor/Supervising Associate is terminated for any reason. **Failure to file this report could result in an interruption in the licensure process for the ALC or denial of future Plans of Supervision filed by the Supervising Counselor/Supervising Associate.**

On Page 1:

Complete the information and the evaluation.

On page 2:

- (a) Enter the beginning date of the report.
- (b) Enter the ending date of the report. This is the date the last supervision session was held.
- (c) Enter the number of hours of **Direct (one-to-one, face-to-face in-person individual) supervision** hours provided by the Supervising Counselor during the report period.
- (d) Enter the number of hours of **Other supervision** hours provided by the Supervising Counselor during the report period.
- (e) Enter the number of **Direct client service hours** provided by the ALC during the report period.
- (f) Enter the number of **Indirect client service hours** provided by the ALC during the report period.

Read and sign the Affidavit. Your signatures **must** be notarized. Submit notarized form to:

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

**Important-The Supervising Counselor is required to notify the Board immediately and in writing that the supervisory relationship has been terminated or changed.**

The Supervising Counselor and ALC are required by the Administrative Code to maintain ongoing records of supervision hours and direct and indirect counseling service hours per ABEC Administrative Rule 255-X-3-.02(4)(b)3.



# Alabama Board of Examiners in Counseling

2777 Zelda Road • Montgomery, Alabama 36106

## Final Supervision Report and Evaluation

- ▶ Date Submitted: \_\_\_\_\_
- ▶ Name of Supervisee (last, first, middle): \_\_\_\_\_
- ALC License #: \_\_\_\_\_ Original Issue Date of ALC License: \_\_\_\_\_
- ▶ Name of Supervisor (last, first, middle): \_\_\_\_\_
- ▶ LPC License #: \_\_\_\_\_ LPC-S Certification #: \_\_\_\_\_

Evaluate the Supervisee according to the following elements: 1=low, 5=high

### Ethical Practice:

Follows ABEC Ethical Standards	1	2	3	4	5	n/a
Uses Professional Disclosure Statement	1	2	3	4	5	n/a
Keeps Professional Confidences	1	2	3	4	5	n/a
Concern for Client Welfare	1	2	3	4	5	n/a
Receptiveness to Supervision	1	2	3	4	5	n/a

### Professionalism:

Knowledge of ABEC Codes and Rules	1	2	3	4	5	n/a
Knowledge of Professional Literature	1	2	3	4	5	n/a
Monitors Own Mental Health	1	2	3	4	5	n/a
Cooperativeness	1	2	3	4	5	n/a
Successful Peer Relationships	1	2	3	4	5	n/a
Motivation to Learn	1	2	3	4	5	n/a
Openness to Change	1	2	3	4	5	n/a
Organizational and Documentation Skills	1	2	3	4	5	n/a
Consultation Skills	1	2	3	4	5	n/a
Self-Awareness	1	2	3	4	5	n/a
Sensitivity to Diversity	1	2	3	4	5	n/a

### Overall Counseling Skills:

Adequate Theoretical Knowledge Base	1	2	3	4	5	n/a
Diagnostic and Conceptualization Skills	1	2	3	4	5	n/a
Applied Counseling Techniques	1	2	3	4	5	n/a

- ▶ I recommend this ALC for licensure as an ABEC LPC:  Yes  No If no, attach explanation.



# Alabama Board of Examiners in Counseling

2777 Zelda Road • Montgomery, Alabama 36106

This Final Supervision Report covers the period (a) \_\_\_\_\_ through (b) \_\_\_\_\_  
(date of last supervision session) Month / Day / Year Month / Date / Year

## SUPERVISION SUMMARY

During the period of time covered by this report, I, as Supervising Counselor, have personally provided (c) \_\_\_\_\_ hours of **Direct one-to-one, face-to-face in-person supervision hours** to the ALC (See regulation 255-X-3-.02 for supervision requirements).

During the period of time covered by this report, I, as Supervising Counselor, have personally provided (d) \_\_\_\_\_ hours of **Other supervision** to the ALC (See regulation 255-X-3-.02 for supervision requirements).

## COUNSELING SERVICE SUMMARY

During the period of time covered by this report, the ALC has performed (e) \_\_\_\_\_ hours of **Direct client service hours** (See regulation 255-X-2-.14 for definition of “direct counseling service”).

During the period of time covered by this report, the ALC has performed (f) \_\_\_\_\_ hours of **Indirect client service hours** (See regulation 255-X-2-.13 for definition of “indirect counseling service”).

## IMPORTANT

ABEC Code §34-8A-8(2): The associate licensed counselor may not practice without direct supervision by a licensed professional counselor. The plan for supervision of the associate licensed counselor is to be approved by the board prior to any actual performance of counseling on the part of the associate licensed counselor.

This means that an ALC, even when they have completed their supervised hours and direct/indirect client service hours and submitted their application for LPC, **MUST maintain supervision by their LPC-S if they continue to provide clinical services to clients.**

The completion of the supervision phase of licensure for LPC does not negate the legal requirement that **all** ALC’s must maintain supervision in order to practice as a licensed ALC.



# Alabama Board of Examiners in Counseling

2777 Zelda Road • Montgomery, Alabama 36106

## AFFIDAVIT

*Must be signed and notarized.*

- ▶ We authorize the Alabama Board of Examiners in Counseling to make such inquiry as necessary in validating information contained in this evaluation.
- ▶ We understand that the Board has final decision and authority with reference to this evaluation. I understand that any false or misleading information in connection with this evaluation may be cause for rejection of the evaluation, revocation of the license and/or possible legal action for such fraudulent information.
- ▶ We 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.
- ▶ We, the undersigned swear/affirm that each of us is over the age of 19 years, are the persons who executed this application; that the statements contained herein are true in every respect; that we have not suppressed any information that might affect this application; that we 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 we have read and understand this affidavit.

Supervisee (sign): \_\_\_\_\_ (print): \_\_\_\_\_

Supervising Counselor (sign): \_\_\_\_\_ (print): \_\_\_\_\_

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

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

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

### **SUBMIT THIS REPORT and EVALUATION TO:**

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