**Summary of Supervision Hours**

Supervisee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LPC-S Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **LICENSURE REQUIREMENTS** | |
| A minimum of one hundred (100) total hours of supervision required annually, with at least fifty (50) hours of which must be one-to-one, face-to-face, personal individual supervision ***OR 72/25 Virtual supervision if the LPC-S is certified to use virtual as a medium*** | A minimum of ten (10) formal contact clock hours of counseling professional and continued education experience shall be required for renewal of an ALC license.  The ten (10) hours of continuing education required for ALC licensure renewal must contain a minimum of two (2) clock hours of continuing education devoted to ethical concerns for practice, assessment, supervision, or research in counseling. |
| An ALC who has allowed the ALC license to lapse must file and obtain approval of a new Proposed Plan of Supervision (PPoS) before the ALC license can be renewed. | Applicants must complete 3,000 hours of supervised experience in professional counseling acceptable to ABEC.  An applicant may subtract 1,000 hours of the required professional experience for every 15 graduate semester hours obtained beyond the master’s degree, provided that those hours are clearly related to the field of professional counseling and are acceptable to the board.  In no case may the applicant have less than 1,000 hours of the required professional supervised experience. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | Amount of Clock Time (min.) | Running Total  Clock Hours | Modality:   * Individual * Dyad * Group | Topic(s)  (i.e., client review, documentation, clinical research, completing continuing education, etc.) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Supervisee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

LPC-S Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_