



Alabama Board of Examiners in Counseling

2777 Zelda Road • Montgomery, Alabama 36106

LPC-S RECOMMENDATION FORM

The applicant must present to the Board peer recommendations from three (3) LPCs who have a current Alabama license, indicating their views on the applicant's strengths and weaknesses as a potential supervisor [ABEC Administrative Rule 255-X-3-.03(3)(d)].

▶ 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 ABEC LPC #: _____

▶ Organization Name: _____

Address (street): _____

(city, state, zip): _____

Email: _____

▶ Relationship to Applicant (Check all applicable.)

Employment Supervisor

Personal Friend

Other: _____

Current Supervisor

Professional Colleague



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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:



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commitment to the role of supervisor1 2 3 4 5 Unable to Evaluate
.....

and enforces ethical and professional standards1 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
.....

conceptual knowledge of the personal and professional nature of the supervisory relationship
.....1 2 3 4 5 Unable to Evaluate
.....

a sense of humor1 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



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.....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 effectiveness1 2 3 4 5 Unable to Evaluate
.....

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

individual counseling1 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 counseling1 2 3 4 5 Unable to Evaluate
.....

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

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

counseling the mentally ill1 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:

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Montgomery, AL 36106