



**MISSISSIPPI STATE  
BOARD OF EXAMINERS FOR  
LICENSED PROFESSIONAL COUNSELORS**

**QUALIFIED SUPERVISOR  
APPLICATION PACKET**



## MISSISSIPPI STATE BOARD OF EXAMINERS FOR LICENSED PROFESSIONAL COUNSELORS

### QUALIFIED SUPERVISOR APPLICATION

After July 1, 2008 applicants for licensure in Mississippi must be supervised by a Mississippi Qualified Supervisor (LPC-S) as approved by the Board. The required documentation for becoming a Mississippi Qualified Supervisor is listed in the **APPLICATION CHECKLIST** below. Please refer to the *Rules and Regulations, Mississippi State Board of Examiners for Licensed Professional Counselors*, Chapter 4, Section 4 for a detailed explanation. Once approved as a Mississippi Board Qualified Supervisor, all supervisors shall submit a signed copy of the contract for every active supervisee. A Supervision Reporting Log is included at this website.

You may refer to the standards and ethical guidelines for supervision provided by the Association for Counselor Education and Supervision, [Standards for Counseling Supervisors](#) and [Ethical Guidelines for Counseling Supervisors](#). However, these standards and guidelines for counseling supervisors, originally developed in 1991, were incorporated into the *2005 ACA Code of Ethics*, therefore negating the necessity of updating these standards.

A Qualified Supervisor is an LPC licensed in Mississippi who has the required experience, has trained in supervision, is a current member of a professional association, and has been approved by the board to provide supervision. Supervisors monitor the performance of an individual by providing regular, documented face-to-face consultation, guidance, and instruction with respect to the clinical skills and competencies of the supervised individual (*Rules and Regulations, Mississippi State Board of Examiners for Licensed Professional Counselors*, Chapter 1, Section 4, Subsection W). Once approved all supervisors shall submit a signed copy of a contract of every active supervisee. Academic supervisors are not required to submit a contract.

If you are an Approved Clinical Supervisor (ACS), you are required to apply to the Mississippi Board to become a Mississippi Qualified Supervisor. You may do this by providing a copy of your ACS Certificate and completing this application.

## APPLICATION CHECKLIST

**Please maintain a copy of all application documentation for your records.**

- Application:** completed and indicating training option selected.
- Current Resume/Vita:**  Hard Copy  Electronically  On file in Board office
- Clinical Experience:** at least five (5) years post degree experience in a clinical setting and at least two (2) years post licensure.
- Supervisor Contract:** This requirement\* provides for disclosing to the supervisee the process of supervision. Please include:
  - Proof of liability insurance;
  - Policy on client back-up when out of the office;
  - Informed Consent:
    - Brief philosophy (one to two paragraphs)
    - Expectations of supervisee; and
    - Responsibilities of supervisee and supervisor.
  - Contract:
    - Terms of supervision;
    - Fees for supervision; and
    - Signatures of both supervisee and supervisor.

\*These requirements are adapted from the American Association of State Counseling Board's (AASCB) Approved Supervisor Model  
([http://www.aascb.org/aws/AASCB/asset\\_manager/get\\_file/37297](http://www.aascb.org/aws/AASCB/asset_manager/get_file/37297) ).

Once approved as a Mississippi Board Qualified Supervisor (LPC-S), all supervisors shall submit a signed copy of the Supervisor Agreement Form and the contract for every active supervisee prior to beginning supervision. A Supervision Reporting Log is included at this website.

- Membership:** current professional organization membership. (include documentation)
- Background Check:** (when requested)
- Appropriate Documentation** for selected option:
  - Option 1 – Graduate Level Academic Training**
    - Official Transcript delineating course in supervision
    - Official Transcript and course description indicating supervision training if “supervision” is not in the title of the course
  - Option 2 – Professional Training**
    - Certificate/Proof indicating completion of Training which included at least 30 direct contact hours with trainers.
  - Option 3 – NBCC Approved Clinical Supervisor**
    - Copy of Approved Clinical Supervisor Certificate
- Application for Board Qualified Supervisor Fee:** \$50.00 (check or money order made payable to MS LPC Board)



**MISSISSIPPI STATE BOARD OF EXAMINERS FOR  
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**QUALIFIED SUPERVISOR APPLICATION**

**Name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Home Fax:** \_\_\_\_\_

**Home Email Address:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

\_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Business Fax:** \_\_\_\_\_

**Business Email Address:** \_\_\_\_\_

**Contact information you prefer supervisees use to contact you:**

\_\_\_\_\_ **Home**      \_\_\_\_\_ **Business**

**LPC License #:**

**Date Licensed  
First Issued:**

**License  
Expiration Date:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Years in Clinical Practice:** \_\_\_\_\_

**Areas of Specialty:** \_\_\_\_\_

**Other licenses or certifications** (provide copies):

<b>License/Certificate #:</b>	<b>Date Issued:</b>	<b>Expiration Date:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Has your license in Mississippi or another state ever been subject to any type of discipline, i.e. probation, suspension, revocation, etc:** Yes: \_\_\_\_\_ No: \_\_\_\_\_  
(If yes, attach explanation).

**Education/Training:**

<b>Degree Earned</b>	<b>Date Degree Earned</b>	<b>Major</b>	<b>Institution Name and Location</b>

**Indicate Option to meet Qualified Supervisor requirements:**

- \_\_\_\_\_ **Option 1** (Graduate coursework)
- \_\_\_\_\_ **Option 2**(professional training)
- \_\_\_\_\_ **Option 3** (ACS)

**Current Resume/Vita:** Hardcopy \_\_\_\_\_ Electronically \_\_\_\_\_

**Professional Organization Membership** (list name and membership number):

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**Attestation:**

- By submitting this application for Qualified Supervisor, I agree to:
- a) fulfill the continuing education requirements for supervisors;
  - b) abide by the current *ACA Code of Ethics*; and
  - c) abide by the Mississippi supervision requirements.

I accept responsibility for keeping myself aware of current requirements for supervision.

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

***Attach Supporting Documentation***