



STATE OF MARYLAND

DHMH Board of Professional Counselors and Therapists

Maryland Department of Health and Mental Hygiene

4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

February 7, 2012

Dear Licensed Clinical Professional Counselor:

A new credential is available to you, and your help is needed. As you may be aware, there are new supervision regulations for Licensed Graduate Professional Counselors in Maryland. At least half of the required hours of supervised experience is to be provided by a Licensed Clinical Professional Counselor who has applied for and been granted status as an “*Approved Supervisor in Clinical Professional Counseling.*”

Enclosed please find a *Supervisor Approval Form* which will serve as your application for, and once signed by a Maryland Board of Professional Counselors and Therapists office will become proof of, your status as an “*Approved Supervisor in Clinical Professional Counseling.*” The enclosed form will also outline the required documentation/verification of your clinical experience, supervision experience, graduate course work in counselor supervision and/or continuing education training in counselor supervision.

To facilitate the transition and compliance with the “*Approved Supervisor in Clinical Professional Counseling*” Credentialing, qualified Licensed Clinical Professional Counselors should apply as soon as possible. After June 1, 2012, the requirement that half of a Licensed Graduate Professional Counselor’s hours be under the supervision of an “*Approved Supervisor in Clinical Professional Counselor*” will be in effect.

Please note that a one time service fee of \$75.00 is required to cover expenses related to the processing of this credential and the maintenance of listing and verifying your status as an “*Approved Supervisor in Clinical Professional Counseling.*”

Please feel free to contact the Board if you have questions about this Credential opportunity, and check the Board website for related Code of Maryland (*COMAR*) regulations.

Sincerely,

Richard M. Hann, LCPC
Board Chair

Tracey DeShields
Executive Director

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Web Site: www.dhmh.md.gov/bopc

MARYLAND BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS

Supervisor Approval Form

I hereby apply for the status of “*Approved Supervisor in the Practice of Clinical Professional Counseling*,” **“with submission of related and required documentation as noted below:**

Name: _____

License # LC_____

Address: _____

Initial License Issuance Date_____

Contact Information: (Telephone #, email address, etc.): _____

Professional practice location/ setting: _____

I have completed the following experience, graduate coursework, continuing education, and/or national certification:

Two (2) years of clinical practice since obtaining licensure (including but not limited to **letters of attestation from colleagues, supervisors, or agency officials**);

And, at least one of the following:

Two (2) years of documented experience providing counselor supervision (including but not limited to **job/position descriptions, attestation letters from agency or colleagues**; Note: Letters from supervisees will not be accepted);

Note: This option available until December 31, 2015, after which one of the following will be required at the time of an original application;

At least 3 semesters credit hours of graduate-level academic coursework that included counseling supervision, (include an **Official Transcript**);

A continuing education program in counseling supervision that included 18 direct clock hours with the trainer or trainers, (including but not limited to a **Certificate of Completion**); or

Hold the National Board of Certified Counselors (NBCC) *Approved Clinical Supervisor* (ACS) credential, (include a **copy of current ACS certificate**).

I hereby attest to my acceptance of the role of supervisor for licensed graduate professional counselors in accordance with Title 17 of the Annotated Code of Maryland, and standards for supervision set forth in the related COMAR regulations.

Signature of Applicant:

Date:

Signature of Board Officer:

Date:

Do you wish to be publically listed as an Approved Supervisor by the Board? YES or NO

Please include your payment of \$75.00 as a one time processing fee.