

**State of Louisiana
Licensed Professional Counselors Board of Examiners
Marriage and Family Advisory Committee**

**Application for LMFT Registered Supervisor Candidate Privileging Designation
Section 2 Instructions**

General Instructions:

- Section 2 of the LMFT Registered Supervisor Candidate Application Form is to register both your approved supervisor and plan of supervision of supervision. It is to be completed by both the applicant and the applicant's proposed supervisor.
- Section 1 of the LMFT Registered Supervisor Candidate Application must have previously been submitted online. You may submit Section 2 of the LMFT-SC Application by email (credspec@lpboard.org), fax (225.295.8448) or by mail at the address located on our website, lpboard.org.
- If in the course of your supervision of supervision you change or add a supervisor, you must complete and resubmit Section 2 of the application to update your file.
- Applicants may not begin supervising PLMFTs toward licensure until their application has been approved by the Board and have received notification of approval in writing from the Board.
- Please note that when making inquiries to the Board, **staff members are unable to pre-approve** any applications. Please consult the Board's website to obtain any applicable laws/rules in answering your inquiries. Official inquiries to the Board may be made in writing via email or standard mail. See Board website for contact information.

Application for LMFT Registered Supervisor Candidate Section 2

Part A: Applicant Data:

Name: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Email: _____

Part B: Supervisor Data:

Name: _____

Word Address: _____

Home Phone: _____

Work Phone: _____

Email: _____

Is the supervisor a relative of the applicant? Yes No

If yes, please state relationship? _____

Part C: Plan of Supervision:

- **The Plan of Supervision of Supervision is a written agreement that establishes the supervisory framework for the LMFT Registered Supervisor Candidate's supervision of supervision experience and describes the expectations and responsibilities of the supervisor and the supervisee.**
- **The supervisor and the supervisee must discuss the expectations and responsibilities of each party and complete the remainder of this form.**
- **If a LMFT Registered Supervisor Candidate has more than one approved supervisor, this form must be completed for all approved supervisors.**

Date upon which supervision is to begin: _____

Expected date of conclusion of supervision: _____

Location where supervision of supervision will be conducted (Please check all that apply):

- Supervisor's office
- LMFT Registered Supervisor Candidate's practice setting
- Other (Please Specify): _____

Frequency of Face-to-Face Supervision:

- Weekly
- Every Other Week
- Other (Specify) _____

What is the duration of a typical supervision session? _____

Type of Face-to-Face Supervision that will be utilized:

- Individual Supervision (Supervision of 1 or 2 supervisees by one supervisor)

Expected Frequency: _____

- Group Supervision (Supervision of up to 6 supervisees regardless of the number of the number of supervisor's present)

Expected Frequency: _____

Describe the setting in which the applicant's supervisees will be working including the qualifications of the supervisees the applicant will be supervising

Describe how the supervisor will provide feedback to the applicant about his/her progress. Include information regarding how the applicant will present information about his/her supervisory work. Please note that supervision of supervision must be conducted face-to-face in person. Supervision conducted via video conferencing, on-line, or any other electronic method is not acceptable.

Describe the goals/learning objectives of the supervision of supervision process. This should be consistent with the LMFT Board-Approved Supervisor’s Philosophy of Supervision.

Part D: Applicant-LMFT Board-Approved Supervisor Statement of Agreement

I, _____, agree to work under the supervision of
(Name of Applicant)
_____ who is a LMFT Board-Approved Supervisor.
(Name of Supervisor)

We have discussed the above stated Plan of Supervision of Supervision and agree to work together to fulfill this plan. I, _____, agree to
(Name of Supervisor)
submit any amendments to this plan to the LPC Board of Examiners for further approval and to provide accurate and timely documentation to the Board on behalf of the applicant at the completion of this plan.

Printed Name of Applicant Date

Signature of Applicant Date

Printed Name of Supervisor Date

Signature of Supervisor Date