

West Virginia Board of Examiners in Counseling

815 Quarrier Street, Suite 212

Charleston, West Virginia 25301

(800) 520-3852

rclay27@msn.com

www.wvbec.org

October 6, 2008

Dear Licensed Professional Counselor;

Thank you for applying for the West Virginia Licensed Professional Counselor Supervisor Credential (ALPS). Enclosed is all the information, along with the forms, you will need to complete and return to the Board.

The requirements for becoming an Approved Licensed Professional Supervisor (ALPS) is set forth in the licensing rule 27CSR1 section 6.2.c. You may review the rule on the website.

Please refer to the page titled "Directions for completing the enclosed paperwork". You are to gather all the completed forms and mail them back to the board office in one mailing.

The Board will review the applications in a timely manner.

Sincerely,

Roxanne Clay

Office Assistant

DIRECTIONS FOR COMPLETING THE ENCLOSED PAPERWORK FOR ALPS.

Monday, October 06, 2008

Form A – Application Form – Please complete the application form completely. Use the check list at the bottom of the application to make sure you have enclosed all necessary paperwork and return Form A as the cover sheet for the application.

Form B – Professional Disclosure Statement – You should already have a Disclosure Statement hanging next to your license at your place of business. Another copy is enclosed for your convenience or you may copy the one you are currently using. The Professional Disclosure Statement is always posted on the website for your convenience.

Form C – Coursework or Continuing Education Recording Form for applicants with **LESS THAN 10 years documented counseling experience**. Please complete the form, attach your transcript or certificates of completion that reflect at least 30 contact hours in clinical supervision training. All trainings for this application must contain the term clinical supervision in the title. You will need to have completed all trainings prior to being approved as a professional supervisor.

Form D – Coursework or Continuing Education Recording Form for applicants with **MORE THAN 10 years documented counseling experience**. Please complete the form, attach your transcript or certificates of completion that reflect at least 15 contact hours in clinical supervision training. All trainings for this application must contain the term clinical supervision in the title. You will need to have completed all trainings prior to being approved as a professional supervisor

Form E & E-1 - Counseling Experience Form – This form is used to document your counseling experience. If you have worked for more than one employer, copy this form. You complete the top section with your name, license number, signature and date. Your employer completes the middle and bottom section of the form. If you are in private practice, you may check the area “Form E-1, Private Practice” and have a colleague or partner complete this form and attach a letter explaining your relationship.

Form F & G – Supervisor Experience Endorsement Form and Supervisee Endorsement Form – The Board requires that you provide at least two (2) professional endorsements. This endorsement can be completed by a former supervisor and/or a former supervisee. You can submit two endorsements from two different supervisors, two endorsements from two different supervisees, or one endorsement from each category. Please read the paragraph in the body of forms F & G carefully. The person completing the form must have worked with you for at least a year and needs to read your Disclosure Statement and your Professional Statement prior to completing the form.

Professional Statement – Form not included – The rule states that your statement should detail your supervision, philosophy, orientation, and experience. Perhaps your statement will include categories like: Education, Contextual Influences, Professional Credentials, Therapy Experience, Theoretical Influences, Supervision Experience, Supervision Orientation, Supervision Philosophy, and others you consider important.

Please note:

- Approved Supervisors can be a Licensed Professional Counselor in West Virginia or in any other state where the LPC requirements are equal to or greater than the requirements in West Virginia.
- If the LPC or LPCC is out-of-state, the LPC will be required to attach a copy of their current license to this application.
- Five (5) years experience means counseling experience, licensed or unlicensed, that can be documented.

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Application for the West Virginia Licensed Professional Counselor Supervisor Credential (ALPS) (Form A)

(Please type or print)

This application must be completed in full. If a section does not apply, write N/A in the space provided.

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ St: _____ Zip Code: _____ - _____

County: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Ext: _____

Fax: (____) _____ - _____ Email: _____

Social Security Number: _XXX_ - _XX_ - _____ WV LPC #: _____ Original Issue Date _____

Number of years documented Counseling Experience: _____

Give a brief description of your current practice: _____

For Board Use Only
____ Approved
Date Approved _____
____ Emailed
Date Emailed _____
Items Needed _____

Documentation to be included with this Application

Enclose all of the following materials with this application.

DO NOT mail items separately.

- ____ Completed Application Form (Form A)
- ____ Professional Disclosure Statement (Form B)
- ____ Coursework Recording and/or Coursework Form (Form C)
- ____ Continuing Education and/or Coursework Recording Form (Form D)
- ____ Counseling Experience Form (Form E)
- ____ Supervisor Experience Endorsement Form (Form F)
- ____ Supervisee Endorsement Form (Form G)
- ____ Professional Statement (Form not included)

**STATEMENT OF PROFESSIONAL DISCLOSURE
FOR
LICENSED PROFESSIONAL COUNSELORS
IN THE
STATE OF WEST VIRGINIA**

Counselor (Name) _____ License No. _____

Business Name &
Address _____

_____ Phone Number _____

FORMAL PROFESSIONAL EDUCATION

Degree _____ Institution _____ Date _____

Degree _____ Institution _____ Date _____

Degree _____ Institution _____ Date _____

PROVIDING COUNSELING IN THE FOLLOWING AREAS

Note: The Board of Examiners in Counseling does not screen for qualifications in individual counseling specialties.

FEE SCHEDULE _____

Upon request your counselor will provide you with a copy of the Statement of Code of Ethics.

Any questions, concerns, or complaints relating to the delivery of service by the counselor listed above, may be directed to:

1-800-520-3852

**WEST VIRGINIA BOARD OF EXAMINERS IN COUNSELING
815 Quarrier Street, Suite 212
Charleston, West Virginia 25301**

This information is required by the Board of Examiners in Counseling which regulates all Licensed Counselors.

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Continuing Education and/or Coursework Recording Form (Form C) For Applicants with **less than** Ten (10) years Counseling Experience

Applicant's Name: _____ LPC# _____

Series 1, Licensing Rule, section 6.2.c. states that the professional supervisor shall document to the Board that he or she has completed training in clinical counseling supervision that includes content and experiences relevant to the supervision of counselors. To qualify as a Professional Supervisor for an LPC applicant, you must have taken, at a minimum:

- 30 contact hours in clinical supervision through either workshops and/or graduate courses.
 - Check the website of ACA (www.counseling.org) and NBCC (www.nbcc.org) for pre-approved clinical supervision continuing education.
 - Any classes or continuing education offerings approved by WVBECE will be listed on our website (www.wvbec.org).

List below your course (s) in clinical supervision:

Course Title	Date Taken	Credit Hours	Institution or Organization
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach a transcript, a copy of the course description from the institution's catalog for each course taken and/or all the certificates of completion for each offering taken.

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Continuing Education and/or Coursework Recording Form (Form D) For Applicants with **more than** Ten (10) years Counseling Experience

Applicant's Name: _____ LPC# _____

Series 1, Licensing Rule, section 6.2.c. states that the professional supervisor shall document to the Board that he or she has completed training in clinical counseling supervision that includes content and experiences relevant to the supervision of counselors. To qualify as a Professional Supervisor, you must have taken, at a minimum:

- A one-semester hour (or quarter-hour equivalent) course in clinical supervision equal to 15 contact hours, or
- Workshops or seminars in clinical supervision totaling 15 contact hours from an approved provider.
 - Check the website of ACA (www.counseling.org) and NBCC (www.nbcc.org) for pre-approved clinical supervision continuing education.
 - Any classes or continuing education offerings approved by WVBECE will be listed on our website (www.wvbec.org).

List below your workshop or course (s) in clinical supervision:

Course Title	Date Taken	Credit Hours	Organization/ Institution	Transcript/ Certificate of Completion

Please attach each certificate of completion and/or transcript and a copy of the course description from the organizations/institution's catalog for each course taken.

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Counseling Experience Form (Form E) (Form E-1 Private Practice)

Applicant's Name: _____ LPC# _____

I have applied to the West Virginia Board of Examiners to become a Licensed Professional Counselor Supervisor. The counseling rules state that I must have a minimum of five (5) years counseling experience to qualify as a supervisor. Please complete the Employer Verification Information below and **return this form to me**. The Board will not process my application without this form.

Applicant's Signature: _____ Date: _____

Employer Verification Information

This is to verify that _____ is/was employed by this Agency/group for
(Applicant)

the period _____ to _____ in the position of _____

Signature: _____ Date: _____

The PERSON verifying the employment will need to provide the following information for the Board.

Please PRINT your name on the first line. If items do not apply, please write N/A in the space.

Name: _____ Phone: _____

Position: _____ Email: _____

Name of Company: _____ Date: _____

**After completing this form,
please enclose it in an envelope and seal; sign across the sealed flap,
and return to the Professional Supervisor applicant.**

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Supervisor Experience Endorsement Form (Form F)

Applicant's Name: _____ LPC # _____

To the West Virginia Board of Examiners in Counseling:

I hereby state that I have been professionally acquainted with the above named applicant for _____ years/months (must be at least one year) and I am not related to this applicant. To the best of my knowledge and belief, this applicant is of good standing in the profession, is of good moral character, and has demonstrated effective counseling skills while under my supervision. I have read the Professional Statement written by the applicant requesting this form, and attest to its adequacy. I have also read the applicant's Professional Disclosure Statement and find it correct to the best of my knowledge and belief. I hereby endorse this applicant to become a West Virginia Professional Supervisor for LPC applicants.

Signature of Supervisor

Date

Supervisor's Name (Please Print)

Position Title

Business Address

City, State, Zip Code

Telephone

Email Address

Profession

Professional Licensure

Degree

State and Organization Issuing License

Number of years in Profession

**After completing this form,
please enclose it in an envelope and seal; sign across the sealed flap,
and return to the Professional Supervisor applicant.**

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Supervisee Endorsement Form (Form G)

Applicant's Name: _____ LPC # _____

To the West Virginia Board of Examiners in Counseling:

I hereby state that I have been professionally acquainted with the above named applicant for _____ years/months (must be at least one year) and I am not related to this applicant. To the best of my knowledge and belief, this applicant is of good standing in the profession, is of good moral character, and has demonstrated effective supervision skills during my supervisory experience. I have read to the Professional Statement written by the applicant submitting this form, and attest to its adequacy. I have also read the applicant's Professional Disclosure Statement and find it correct to the best of my knowledge and belief. As a former supervisee of this individual, I hereby endorse this applicant to become a West Virginia Professional Supervisor.

Signature of Supervisee

Date

Supervisee's Name (Please Print)

Position Title

Business Address

City, State, Zip Code

Telephone

Email Address

Profession

Professional Licensure

Degree

State and Organization Issuing License

Number of years in Profession

After completing this form,
please enclose it in an envelope and seal; **sign across the sealed flap,**
and return to the Professional Supervisor applicant.