

# West Virginia Board of Examiners in Counseling

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## SUPERVISOR'S VERIFICATION AND ASSESSMENT FORM PLEASE READ CAREFULLY!

CHECK ONE: \_\_\_\_\_ #1. Midpoint of Supervision \_\_\_\_\_ #2. Final Submission

Instructions to **Provisionally Licensed Marriage & Family Therapist**: This form is to be sent to the Board office: after 50% of direct contact hours are completed and at the end of

supervision (minimum of 19 months).

1. All supervised experience for licensure must be documented by the person(s) who supervised you.
2. Complete Part A before giving this form to your supervisor.
3. The completed form must be placed in an envelope by the ALPS, sealed by the ALPS, with the signature of the ALPS at the flap and mailed to the address above.

### Part A: To be Completed by Provisionally Licensed Marriage & Family Therapist

Name:		Last 4 of SSN:	
Home Address:		City:	State: Zip:
Home Phone:	Work Phone:	Email:	County:
License #:	License Issue Date:	Expiration Date:	

Name of ALP Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

ALPS Business Phone Number: \_\_\_\_\_

Name and address of facility where clinical work and supervision took place:

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Board Use Only

**Instructions to Supervisor: Remember – The ALPS shall not supervise more than four supervisees who are registered at one time with this board.**

1. Complete Part B ONLY if the Part A has been completed by the Provisionally Licensed Marriage & Family Therapist.
2. After completing this form, please review the ratings and comments with the supervisee. The ALPS and supervisee shall sign and date the form and return to the WVBEC address.

**PART B: To be Completed by Supervisor**

1. Does scope of practice include diagnosis and treatment of mental and emotional disorders? Yes No
2. Does the applicant's scope of practice include 50% of time spent diagnosing and treating? Yes No
3. Type of professional license held: \_\_\_\_\_ 4. State: \_\_\_\_\_ 5. License #: \_\_\_\_\_

**I verify that this applicant for LMFT licensure has completed the following hours under my supervision. (Note to ALPS: the totals & timeframe included below shall reflect only those hours completed under your supervision. If applicable, a separate SVA shall be completed by each ALPS supervisor.)**

\*Definitions of all these categories are on the bottom of last page

Number of DIRECT CLIENT therapy hours \_\_\_\_\_  
Per Series 8,6.2.c.1, At least 50% of these 'direct' hours, must be with couples and families present: # \_\_\_\_\_

Number of INDIRECT CLIENT therapy hours \_\_\_\_\_

Number of ALPS SUPERVISION hours \_\_\_\_\_

Total Number of accumulated therapy activity hours \_\_\_\_\_

Start Date – Month-Day-Year \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Final Date - Month-Day-Year \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Total number of months in supervision \_\_\_\_\_

6. Briefly explain the nature of the supervision activities and types of clients served

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**Question #7 will only be completed on the final submission of this form.**

7. Do you recommend the applicant for LMFT licensure: (CIRCLE ONE RESPONSE BELOW)  
Yes, Without Reservation (Additional comments or explanation may be added below)  
Yes, With Reservation (please explain below, attach separate sheet if necessary):  
No, (if no, please explain below, attach a separate sheet if necessary):

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8. PLEASE RATE THE APPLICANT ON THE FOLLOWING CLINICAL SKILLS AND ABILITIES. THE FOLLOWING KEY IS RECOMMENDED WHEN ASSESSING THE APPLICANT'S LEVEL OF COMPETENCE:

**IMPORTANT: FOR ALL RATINGS OF 2 OR 1, PLEASE PROVIDE MORE INFORMATION. PLEASE INCLUDE ITEM # AND ADD COMMENT(S) &/OR CONCERNS ON A SEPARATE SHEET FOR EACH.**

- |     |                           |                                                                                                   |
|-----|---------------------------|---------------------------------------------------------------------------------------------------|
| 5   | High:                     | <i>The applicant performs extremely well in this area.</i>                                        |
| 4   | High Average:             | <i>The applicant's performance level is more than adequate in this area.</i>                      |
| 3   | Average:                  | <i>The applicant possesses adequate competence in this area.</i>                                  |
| 2   | Low Average:              | <i>The applicant clearly lacks competence in this area.</i>                                       |
| 1   | Low:                      | <i>The applicant clearly lacks competence in this area.</i>                                       |
| N/O | No Opportunity to Assess: | <i>The rater has not had the opportunity to observe the applicant's performance in this area.</i> |

**SKILLS AND ABILITIES**

A Provisionally Licensed Marriage and Family Therapist must demonstrate acceptable levels of performance in:

**ASSESSMENT**

HIGH		AVERAGE		LOW		N/O
5	4	3	2	1		

**CLINICAL PSYCHOPATHOLOGY, PERSONALITY AND ABNORMAL BEHAVIOR**

1.) Knowledge of specific personality theories and their application in mental health work.						
2.) Understanding basic concepts of normal and abnormal behavior.						
3.) Recognizing the levels of severity of abnormal behaviors.						
4.) Understanding the life cycle of normal growth and development from infancy to maturity and old age.						
5.) Understanding the impact of diverse cultures, ethnic and economic background on personality development.						

**EVALUATION OF MENTAL AND EMOTIONAL STATUS**

6.) Knowing the names and uses of the various assessment measures.						
7.) Using behavioral observation, social history and intake Questionnaires as appraisal techniques.						
8.) Using assessment procedures in diagnosis, treatment planning, and the conduct of mental health treatment.						
9.) Using and interpreting group and individual standardized tests of mental ability, interests aptitude, personality, and achievement.						
10.) Knowing under what conditions, and by whom specialized tests may be administered (i.e. physical and neurological examinations, mental status examinations, EEG. Etc...)						

**DIAGNOSIS OF MENTAL AND EMOTIONAL DISORDERS**

11.) Knowing the signs and symptoms of psychosis, personality disorders and neuroses.						
12.) Using the Diagnostic and Statistical Manual for Mental Disorders (DSM-5) in making a diagnosis.						
13.) Conducting mental status examinations.						
14.) Knowing the psychopathologic conditions related to children, adolescents, young and mid-life adults and the aged.						
15.) Knowing the behaviors, natural history, and psychodynamics of special problems such as mental retardation, psychosexual disorders, substance abuse, and addiction.						

