

West Virginia Board of Examiners in Counseling  
815 Quarrier Street, Suite 212  
Charleston, West Virginia 25301  
800-520-3852  
Email: [rclay27@msn.com](mailto:rclay27@msn.com)  
[www.wvbec.org](http://www.wvbec.org)

## Registration of Supervisor for Counseling/MFT Licensure

CHECK ONE:  Initial Registration  Add Supervisor  Change Supervisor

### Applicant Information (Please type or print clearly)

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Business Name &  
Address \_\_\_\_\_  
Street City State Zip

Email address \_\_\_\_\_

Social Security No. XXX-XX-\_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Work Fax \_\_\_\_\_

### Supervisor Information (Please type or print clearly)

Supervisor's Name \_\_\_\_\_

Business Name &  
Address \_\_\_\_\_  
Street City State Zip

Email address: \_\_\_\_\_

Business phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Type of License \_\_\_\_\_ State Issued \_\_\_\_\_ ALPS Credential? Y \_\_\_ N \_\_\_

License # \_\_\_\_\_ Date license first issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Please complete the other side of this form**

## Supervision Contract

**Supervision to be Provided - Applicants must receive a minimum of one hour of supervision for every 20 hours of counseling/therapy practice.** By signing this agreement, the ALPS and the applicant understand the minimum supervision requirement. Provide **detailed** information of supervision to be given.

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Frequency of Supervision: \_\_\_\_\_ per \_\_\_\_\_ Length of Session: \_\_\_\_\_  
(number) (week/month) (min./hours)

Site of Supervision: \_\_\_\_\_



I, \_\_\_\_\_, agree to provide supervision to  
(Supervisor)  
\_\_\_\_\_. As supervisor, I assume  
(Applicant)

responsibility for the clinical activities of the individual registered under my supervision. We hereby agree to this supervision contract, which is being registered with the West Virginia Board of Examiners in Counseling prior to the start of supervision. We both understand that supervision will not commence until the applicant filing this registration form completes the exam requirement with a passing score and receives a provisional license.

I, \_\_\_\_\_, agree to present myself for supervision for the number of  
(Applicant)  
Hours designated in this agreement. I understand \_\_\_\_\_  
(Supervisor)

Is responsible for my professional activities during the time I am working under his/her supervision.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Signature of Applicant

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

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

To be completed by the WVBE: Date Provisional License issued: \_\_\_\_/\_\_\_\_/\_\_\_\_