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**West Virginia Board of Examiners in Counseling
815 Quarrier Street, Suite 212
Charleston, West Virginia 25301
1-800-520-3852**

SUPERVISOR'S VERIFICATION AND ASSESSMENT FORM

Applicant's Name: _____ **Social Security: XXX-XX-**_____

The person listed above has applied to the West Virginia Board of Examiners in Counseling to become a Licensed Professional Counselor. As designated supervisor, your objective rating and verification are essential to determine whether this applicant meets the Board's standards. All applicants have the right to review their file.

Supervisor's Name: _____ **Profession:** _____

License Number: _____

Business Name & Address: _____

Degree: _____

Position Title: _____

Telephone: (_____)_____

Email: _____

Professional License **WV LPC** **LPC in another State. Which State?** _____

Out-of-State Supervisors must attach a copy of their most current license to this verification.

Please rate the applicant compared to other counselors you know on the following characteristics. Place a check mark in every category.

Characteristics	Out-standing	Above Average	Average	Below Average	Poor	Cannot Evaluate
Individual Counseling skills						
Appropriate referral making						
Group counseling skills						
Personal Integrity						
Consulting skills						
Insight into client's problems						
Ability to relate to co-workers						
Ability to be objective on the job						
Ethical conduct						
Concern for welfare of clients						
Sense of responsibility						
Recognition of own limits						
Supervisory abilities						
Ability to keep material confidential						

Please complete both sides of this form

I verify that this applicant for licensure as a Licensed Professional Counselor has spent

_____ AND _____
(Total # of actual counseling activities hours) (Total # of actual hours spent with supervisor)
under my supervision in the following capacity:

(Applicant's Position) (Name of agency/institution)
I, certify, that the attached quarterly report and this supervisor's verification and assessment form is a true and accurate record of my supervision time with _____
Name of Applicant

and I understand that providing misinformation to the Board may subject me to disciplinary action, including revocation of my license.

From ____/____/____ To ____/____/____ _____
(Date) (Date) (Supervisor's signature)
(Dates must be filled in Month-Day-Year)

Recommendation: I recommend this applicant for licensure as a Licensed Professional Counselor: [] Yes [] No

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

The above information is based upon my best judgment. I am willing to answer additional questions concerning this evaluation if the Board deems it necessary.

(Signature of supervisor) (Date)

After completing this verification form, **MAKE A COPY FOR YOUR RECORDS**, then enclose the completed form in a sealed envelope; **sign across the sealed flap**, and return the sealed envelope to the LPC applicant or mail directly to WVBE.