

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

Registration of Supervisor for Counseling Licensure

CHECK ONE: Initial Registration Add Supervisor Change Supervisor

Applicant Information (Please type or print clearly)

Applicant's Name _____ Date of Birth _____

Mailing Address _____

Business Address _____

Email address _____

Social Security No. XXX-XX-_____ Home phone _____

Work phone _____ Work Fax _____

Supervisor Information (Please type or print clearly)

Supervisor's Name _____

Mailing Address _____

Business Name _____

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 practice. By signing this agreement, the ALPS and the applicant understand the minimum supervision requirement. Provide **detailed** information of supervision to be given.

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: ____/____/____