

VERIFICATION OF EXPERIENCE AND SUPERVISION FORM FOR MENTAL HEALTH COUNSELOR (LMHC) LICENSE APPLICANTS

Part of State Form 50319 (R11 / 8-24)

INSTRUCTIONS: Applicants must have at least three thousand (3,000) hours of post-graduate clinical experience and have acquired at least one hundred (100) hours of face-to-face supervision over a two (2) year period. This two (2) year period means experience under an approved supervisor, acquired over no less than twenty-one (21) months and over no more than forty-eight (48) months. A doctoral internship may be applied toward the supervised work experience requirement. This supervision must be completed and signed by your previous or current supervisor(s). All supervision may be completed either in person or virtual. However, any completed virtual supervision is required to meet the definition of "virtual supervision" provided under IC-25-23.6-8.5-4. The clinical work requirement may not be performed away from the supervising mental health counselor's premises if the work: Is the independent private practice of mental health counseling; and is not performed at a place that has the supervision of a licensed mental health counselor, clinical social worker, marriage & family therapist, physician psychiatrist, psychologist, nurse specializing in psychiatric or mental health nursing, or mental health professional from another state. Disclaimer: Max of five (5) employers and five (5) supervisors allowed per form. Additional Verification of Employer and Supervision forms may be submitted to help applicants establish the total required months and hours.

SECTION A: APPLICANT INFORMATION & AFFIRMATION				
Last Name:	First Name:	Date of Birth	I hereby certify under the penalty of perjury that the following information is true and accurate:	Date:

SECTION B: EMPLOYMENT HISTORY							
<p>INSTRUCTIONS: In this section, enter information related to your qualifying employment. Applicants should only be counting clinical experience as defined by IC 25- 23.6-1-7.5. Applicants should complete the "Employment Information" section for each employer. If time at any employers overlap with one another (i.e. you worked two jobs at once), you can only count the months for one of your employers. This is to prevent duplicate counting of months earned. Each entry must be verified by your employer. If employer is not available (business closure, death, incapacity, etc.) to verify the employment information, write "unavailable" in the employer signature line and a member of staff will follow up with you. Please be advised that if you cannot substantially verify your employment within 5 years, the Board may require you to complete additional experience hours. At the end of this section, add the "Months Worked" column to get your "Total Months of Employment" and the "Hours Worked" column to get your "Total Hours of Employment." You cannot count any employment that was not supervised.</p>							
B(1)	Employment Information						
	Employer Name:	Employer Address:	Start Date:	End Date:	Avg. Weekly Hours:	Employed Month(s):	Employed Hour(s):
	Employer Verification						
	I hereby certify that the information entered in Section B(1) of this form is true and accurate.						
	Employer Signature:	Date:	Employer Printed Name:	Employer Position/Title:	Employer Email:		
B(2)	Employment Information						
	Employer Name:	Employer Address:	Start Date:	End Date:	Avg. Weekly Hours:	Employed Month(s):	Employed Hour(s):
	Employer Verification						
	I hereby certify that the information entered in Section B(2) of this form is true and accurate.						
	Employer Signature:	Date:	Employer Printed Name:	Employer Position/Title:	Employer Email:		

B(3)	Employment Information						Employed Month(s):	Employed Hour(s):
	Employer Name:	Employer Address:	Start Date:	End Date:	Avg. Weekly Hours:			
	Employer Verification							
	I hereby certify that the information entered in Section B(3) of this form is true and accurate.							
	Employer Signature:	Date:	Employer Printed Name:	Employer Position/Title:	Employer Email:			
B(4)	Employment Information						Employed Month(s):	Employed Hour(s):
	Employer Name:	Employer Address:	Start Date:	End Date:	Avg. Weekly Hours:			
	Employer Verification							
	I hereby certify that the information entered in Section B(4) of this form is true and accurate.							
	Employer Signature:	Date:	Employer Printed Name:	Employer Position/Title:	Employer Email:			
B(5)	Employment Information						Employed Month(s):	Employed Hour(s):
	Employer Name:	Employer Address:	Start Date:	End Date:	Avg. Weekly Hours:			
	Employer Verification							
	I hereby certify that the information entered in Section B(5) of this form is true and accurate.							
	Employer Signature:	Date:	Employer Printed Name:	Employer Position/Title:	Employer Email:			
						Total Months of Employment		
						Total Hours of Employment		

SECTION C: SUPERVISION

INSTRUCTIONS: In this section, enter information related to your qualifying supervision under an approved supervisor. Applicants should complete the "Supervisor Information" section for each supervisor(s). Each supervisor must verify the total hours you have completed under their supervision. If a supervisor is not available (death, incapacity, maternity leave, etc.) to verify the supervision information, write "unavailable" in the supervisor signature line and a member of staff will follow up with you. Please be advised that if you cannot substantially verify your supervision within 5 years, the Board may require you to complete additional supervision hours. At the end of this section, add the "Month(s) Worked" column to get your "Total Months of Supervision" and the "Hours Worked" column to get your "Total Hours of Supervision." You cannot count any supervision where you were not employed.

C(1)	Supervision Information					Supervised Month(s):	Supervised Hour(s):
	Applicant Employer Section(s) from Section B:	Supervision Start Date:	Supervision End Date:				
	Supervision Verification						
	I hereby certify that the information entered in Section C(1) of this form is true and accurate.						
	Supervisor Signature:	Printed Name:	Date:	License Number:	State:		
C(2)	Supervision Information					Supervised Month(s):	Supervised Hour(s):
	Applicant Employer Section(s) from Section B:	Supervision Start Date:	Supervision End Date:				
	Supervision Verification						
	I hereby certify that the information entered in Section C(2) of this form is true and accurate.						
	Supervisor Signature:	Printed Name:	Date:	License Number:	State:		
C(3)	Supervision Information					Supervised Month(s):	Supervised Hour(s):
	Applicant Employer Section(s) from Section B:	Supervision Start Date:	Supervision End Date:				
	Supervision Verification						
	I hereby certify that the information entered in Section C(3) of this form is true and accurate.						
	Supervisor Signature:	Printed Name:	Date:	License Number:	State:		

C(4)	Supervision Information					Supervised Month(s):	Supervised Hour(s):
	Applicant Employer Section(s) from Section B	Supervision Start Date	Supervision End Date				
	Supervision Verification						
	I hereby certify that the information entered in Section C(4) of this form is true and accurate.						
	Supervisor Signature:	Printed Name:	Date:	License Number:	State:		
C(5)	Supervision Information					Supervised Month(s):	Supervised Hour(s):
	Applicant Employer Section(s) from Section B	Supervision Start Date	Supervision End Date				
	Supervision Verification						
	I hereby certify that the information entered in Section C(5) of this form is true and accurate.						
	Supervisor Signature:	Printed Name:	Date:	License Number:	State:		
						Supervision Total Months	
						Supervision Total Hours	

SECTION D: TOTALS

Instructions: In this section, enter the total months and hours you obtained for your post-degree experience and supervision based upon the above-entered information. This total should only reflect the total among of post-degree experience and supervision obtained under an approved supervisor.

		Total Month(s)	Total Hour(s)
For Section B Employment, Total Months must be between 21 and 48 AND Total Hours must be at least 3,000	B		
For Section C Supervision, Total Months must be between 21 and 48 AND Total Hours must be at least 100	C		