

Wisconsin Department of Safety and Professional Services

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MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

PROFESSIONAL COUNSELOR SUPERVISOR APPROVAL FORM

To be completed by applicant before applicant begins accumulating experience under Professional Counselor Training License. An individual holding a training license may not practice without clinical supervision.

Applicant Name: (please print)

Application Number: (if applicable)

Supervision Requirements:

Consistent with Wis. Admin. Code § MPSW 12, supervision requires one hour of face-to-face individual or group (**no more than 6 supervisees**) supervision by a supervisor approved by the Professional Counselor Section of at least one hour duration during each week of supervised practice. The supervisor may exercise discretion in averaging out supervision over the course of the period of supervision. The supervisor may not permit a supervisee to engage in any professional counseling practice that the supervisor cannot competently perform. The supervisor shall be legally and ethically responsible for the activities of the trainee.

Supervision may be exercised by a person other than the employment supervisor, but the supervisor shall be able to interrupt or stop the supervisee from practicing in given cases and to stop the supervised relationship if necessary. Supervisor shall be available or make appropriate provision for emergency consultation and intervention.

- An individual licensed as a Professional Counselor, who has received a Doctorate degree in professional counseling.
- An individual licensed as a Professional Counselor, who has engaged in the equivalent of five (5) years of full-time professional counseling.
- A Psychiatrist or Psychologist licensed under Wis. Stat. § 455.
- A person employed by the Division of Vocational Rehabilitation as a Vocational Rehabilitation Supervisor, who is licensed as a Professional Counselor or who has engaged in the equivalent of five (5) years of full-time professional counseling.
- An individual other than an individual specified above, who is approved in advance by the Professional Counselor Section

The request must state the educational and practice credentials of the supervisor; the reason you are requesting this individual rather than the approved supervisors as allowed under Wis. Admin. Code § MPSW 12.02(2)(a-d); and the steps you have taken to obtain supervision from an individual pre-approved.

Name of Employer:

Supervisor's Name:

Supervisor's Position Title:

Supervisor's Credential Number:

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