



REGISTRY OF CERTIFIED PROFESSIONAL COUNSELOR SUPERVISORS

CPCS RENEWAL

Applicants Name (Please Print) \_\_\_\_\_

[ ] Non-Member RENEWAL Annual Fee \$75.00
(Fees can be paid online, http://www.lpcaga.org/join-us (Click on the Membership tab)

OR

[ ] Current Clinical Member of LPCA, renewal fee included in Clinical Membership
[ ] Clinical Members Late Fee -- \$25.00 (After Sept. 30)

[ ] My GA LPC license is Current

[ ] Compliance with the CODE OF ETHICS. Initial you are in compliance ( )
My license in Georgia or another state or province, has NEVER been subject to terms of probation, suspension, or revocation.

[ ] The information on the Supervisor Directory is correct
(http://www.lpcaga.org/Supervisor-Directory)

[ ] CHANGE the information on the Supervisor Page to: \_\_\_\_\_

[ ] RENEWAL OPTIONS- Check one of the three options:

— Option A: 12 CEs in Clinical Supervision workshops. MUST include copies of the CEs.
Must have some variance of the word "supervision" in the title and at least 3 hours must be in the Ethics of Supervision.

— Option B: Attended 6 CE Hours of Clinical Supervision workshops AND Presented at
least 6 CE hours of Clinical Supervision Workshop(s). MUST include copies of the CEs
attended.
At least 3 CE hours must be in the Ethics of Supervision.

— Option C: Initial CPCS certification was granted after October 1 of the previous odd-
numbered year. CEs from Initial Application may be used so as to not create an undue
financial hardship.

Mail, Fax, or Scan and email all completed forms (and payment) to:

LPCA CPCS
3091 Governors Lake Dr NW, STE 570
NORCROSS, GA 30071

PHONE: 770-449-4547
FAX: 404-370-0006
EMAIL: LPCACPCS@gmail.com

## CPCS SUPERVISION TRAINING – Continuing Education Attended

*Include copies of your CE Certificates*

Date(s) of workshop or Conference, etc.	Course/Activity- Title of Workshop or Training <i>If it does not include a “variance” of the word <b>Supervision</b>- do not include it.</i>	Provider Organization and Instructor Name and Credentials <i>(required)</i>	Required Documentation CE Approval # <i>(i.e. Certificate 0000)</i>	Was this workshop Electronically Delivered?	# of Contact Hours Or CE’s
<i>Example 2- 12- 2010</i>	<i>Ex. Ethical Matters in Clinical Supervision</i>	<i>Ex. North GA Division LPCA Instructor- Dr. John Smith, LPC</i>	<i>Ex. Certificate LPCA #00-0000</i>	<i>YES or NO</i>	<i>Ex. 5 hours</i>

**Total:** \_\_\_\_\_

**Requirements**

- Workshops must be about CLINICAL supervision NOT employee supervision, AAMFT supervision, or addiction supervision.
- At least 3 CEs **must be in the Ethics of Supervision.**
- Only 1/3 of the CEs maybe online (Electronically Delivered) workshops, but none of the ethics can be online.
- **Must include Copies of the CE Certificates with the renewal unless using Option C.**

## CE Supervision Workshops Presented / Graduate Supervision Courses Taught

Name of Presenter: \_\_\_\_\_

Date(s) of workshop	Title of Workshop <i>Must include a "variation" of the word <b>Supervision</b></i>	LPCA/NBCC CE # <i>(required)</i>	Location	# of Attendees	CE hours & Category**
2/09/16	<i>Theoretical Models of Supervision</i>	1234-15	<i>Marietta Civic Center</i>	123	6 - F

**Requirements**

Workshops must be about CLINICAL supervision NOT employee supervision, AAMFT supervision, or addiction supervision.

**\*\* CPCS CE / Course Categories**

- (E) Ethics and Legal Issues in Supervision
- (F) Foundations of Supervision
- (M) Methods in Supervision
- (S) Specialized / Advanced Techniques in Supervision

**I attest that the above information is true and accurate to the best of my ability:**

Name: \_\_\_\_\_

*Signature*

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