

**Certified Professional Counselor Supervisor (CPCS)
Application Packet and Checklist**

Applicants Name (Please Print) _____

Instructions: Only Licensed Professional Counselors (LPC) may apply per GA Licensing – Composite Board Rule. Check that all items on the list that have been completed. Completed applications are reviewed monthly. Incomplete applications will not be processed. **CHECK THE BOXES:**

Application Fee Select Option Below:

- Nonmember: Fee \$150.00 (Fees can be paid by check or online, www.LPCAGA.org Membership tab)
- Current Clinical Member of LPCA: No Fee; the application fee is included in Clinical Membership

Include a copy of your Current Georgia LPC

License has been held in Georgia for at least: Other conditions per GA Composite Board may apply Rule 135-5-.02

- 3 Years of post LPC Licensure with a Master’s Degree
 - 2 Years of post LPC Licensure with an EdS Degree
 - 1 Year of post LPC Licensure with Doctoral Degree (After Degree Has Been Confirmed)
- Degree must be in a Counseling Related Program per GA Composite Bd Rule 135-5-.02
If you received your doctoral degree after becoming an LPC - check the 3 Years of post LPC box.

Supervision Training Received – Check 1 of the 3 options and complete documentation requirements on page 3

Option A: Attended 24 CE Hours of Clinical Supervision workshops including 3 Ethics of Supervision CEs.

See below for CE Guidelines, Must include copies of CEs with this application

Option B: Completed Graduate Coursework in the area of Clinical Supervision **AND** Attended 12 CE Hours of Clinical Supervision which includes six (6) Ethics CE hours in being a Clinical Supervisor.
Note: Graduate Coursework needed to have been completed within the last 10 years.

Complete listing on page 4, Must include copy of transcript and copies of CEs with this application

Option C: Current ACS issued by NBCC or currently Licensed as a Clinical Supervisor in one of the follow states with a significantly similar designation. Examples: AL, FL, SC, NC

Include copy of your current license from the state with supervisor designation)

AAMFT Supervisor or ACS- Addiction Supervisor IS NOT ACCEPTED

CE Guidelines (for Option A & B)

- CE certificates must contain objectives of the Workshop presentation
- Workshop(s) must be about clinical supervision
 - Not employee supervision, AAMFT supervision, or addiction supervision
 - Should have some variance of the word “Supervision” in the title
- Must include CEs in the area of Ethics of Clinical Supervision
- Ethics CEs must be in person and not electronically delivered (Per GA Composite Board Rule)
 - Ethics CEs must have some variance of the word Ethics in the title and
 - Should have some variance of the word Ethics in the title
- Only 1/3 of the CEs can be obtained online (Electronically Delivered), Maximum is 8 hours, no Ethics online.
- **Must include Copies of the CE Certificates or the application will not be processed**

- Statement of Ethics form completed and signed**
- Permission for Publication form completed and signed**
- Two (2) Professional Character Reference Forms**

Notarized and sealed envelopes with signature of referring individual across the seal of envelope (back flap).
Referring Professionals must hold a current clinical license in Georgia.

Send ALL completed forms (and payment, if applicable) to: LPCACPCS@gmail.com or FAX 404-475-2014
Or MAIL TO: LPCA CPCS 3091 Governors Lake DR NW, STE 570 Norcross, GA 30071

**LICENSED PROFESSIONAL COUNSELORS ASSOCIATION OF GEORGIA
REGISTRY OF COUNSELOR SUPERVISORS, CPCS**

STATEMENT OF ETHICS

- I accept LPCA Certified Professional Counselor Supervisor *Standards* as a guide for my supervision practice.
- I have read, understand and agree to abide by the *Rules* and *Code of Ethics* of the GA Composite Board of LPC, SW, and MFT.
- I have read, understand and agree to abide by the "Ethics Code" of the American Mental Health Counseling Association (AMHCA) and American Counseling Association (ACA, and the Center for Credentialing & Education (CCE) division of National Board of Certified Counselors (NBCC).
- **I intend to keep a copy of all the above ethics codes in the office in which I practice supervision.**
- I will maintain my LPC license in good standing with the Georgia Composite Board of LPC, SW and MFT.
- I am and will remain fully knowledgeable of the specific requirements for LPC licensure in Georgia as administered by the Georgia Composite Board of LPC, SW, and MFT.
- I waive permission to see references as provided for me to be Certified as Professional Counselor Supervisor, CPCS. Furthermore, I attest that all information I have provided to LPCA is accurate and true.

Signature: _____	Date: _____
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PERMISSION FOR PUBLICATION

I do ____ or do NOT ____ give permission to LPCA to have my name, business address, phone number, website, and specialties published in the following ways by LPCA (Please **CHECK** all that apply):

- Printed list to be mailed, faxed, or emailed to LPCA members and/or potential members requesting the Supervision Registry of CPCS.
- LPCA Website
- Listed in the LPCA Newsletter and other publications

I understand that my information will not be published as a part of the Supervision Registry until my file is completed and I have signed and returned this Permission for Publication form.

Please PRINT information as you would like it PUBLISHED: PLEASE PRINT

Name: _____			
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Degree</i>
Areas of Specialty (to be included in the Registry for purposes of referral): Please PRINT, limit to 150 characters.			
Business Address: _____	City: _____	Zip: _____	
Business Phone: _____	Business Fax: _____		
Business Email: _____			
Business Website: _____			
County(s) You Cover: _____			
Specialty Areas: _____			
Signature: _____			Date: _____

CPCS SUPERVISION TRAINING RECEIVED – Option A

24 CE Hours of Supervision Training including at least 3 Ethics of Supervision CEs (Ethics must be in person)

Date(s) of workshop or Conference, etc.	Course/Activity-Title of Workshop or Training If it does not include a ‘form’ of the word Supervision- It needs to have the Objectives listed	Provider Organization and Instructor Name and Credentials <i>(required)</i>	Documentation Required- CE Approval # <i>(i.e. Approval# 0000)</i>	Was this workshop Electronically Delivered?	# of Contact Hours Or CE’s

See Guidelines on Page 1, Must include Copies of the CE Certificates

CPCS SUPERVISION TRAINING RECEIVED–Option B Must also list 12 Supervision CEs Above

Listing of Completed Graduate Clinical Supervision Coursework

Month and Year Course Was Taken	Institution	Course Number	Course Title

Must include Copies of the Transcript Showing Clinical Supervision Training (Please do not include your social security number on documents.)



3091 Governors Lake DR NW, STE 570, Norcross, GA 30071

CERTIFIED PROFESSIONAL COUNSELOR SUPERVISOR (CPCS) APPLICATION

Professional Reference # 1

Instructions

Applicant: Give this form to your reference with a stamped addressed envelope – ADDRESSED TO: LPCA CPCS 3091 Governors Lake Drive NW, STE 570, Norcross, GA 30071

Reference: Information obtained on this form will be kept confidential and will not be released to the CPCS applicant.

- YOU MUST BE LICENSED by the Sec of State Licensing Board
Complete items 1-7, provide a brief statement, sign, and have form notarized.
Enclose this form in the envelope provided to you by the applicant.
Seal the envelope; sign your name across the envelope flap and mail.

1. Name of Applicant: PRINT _____

2. Your Name (Referring Professional): PRINT _____
Name as shown on your GA Clinical License

3. License Type(s): ___ LPC ___ LCSW ___ LMFT ___ Licensed Psychologist ___ Licensed Psychiatrist
GA License # _____ EXPIRES: _____

4. Title/Position: _____ Work Setting: _____

5. Professional Relationship with Applicant: * _____
*Cannot be a supervisee of the Applicant, GA Licensing Board considers this dual relationship.

5. Length of time you have known Applicant: Years _____ Months _____

6. Table with 2 columns: YES/NO and recommendation text. YES: I find the Applicant qualified to provide supervision for Counselors and recommend her/him for the CPCS credential. NO: I do not find the Applicant qualified to provide supervision for Counselors and do not recommend her/him for the CPCS credential.

8. Please provide a brief statement concerning your recommendation of this individual for the LPCA of Georgia CPCS professional credential.

Blank lines for providing a brief statement concerning the recommendation.

Signature of Referring Professional _____

Contact Phone _____ Email _____

Address/City/State/ Zip _____

Notary Name: Print _____ Date _____ Notary Seal (Below)

Notary Signature: _____



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CERTIFIED PROFESSIONAL COUNSELOR SUPERVISOR (CPCS) APPLICATION

Professional Reference # 2

Instructions

Applicant: Give this form to your reference with a stamped addressed envelope – ADDRESSED TO: LPCA CPCS 3091 Governors Lake Drive NW, STE 570, Norcross, GA 30071

Reference: Information obtained on this form will be kept confidential and will not be released to the CPCS applicant.

- YOU MUST BE LICENSED by the Sec of State Licensing Board
Complete items 1-7, provide a brief statement, sign, and have form notarized.
Enclose this form in the envelope provided to you by the applicant.
Seal the envelope; sign your name across the envelope flap and mail.

2. Name of Applicant: PRINT _____

2. Your Name (Referring Professional): PRINT _____
Name as shown on your GA Clinical License

3. License Type(s): ___ LPC ___ LCSW ___ LMFT ___ Licensed Psychologist ___ Licensed Psychiatrist
GA License # _____ EXPIRES: _____

4. Title/Position: _____ Work Setting: _____

5. Professional Relationship with Applicant: * _____
*Cannot be a supervisee of the Applicant, GA Licensing Board considers this dual relationship.

5. Length of time you have known Applicant: Years _____ Months _____

Table with 2 columns: Response (YES/NO) and Recommendation text.

8. Please provide a brief statement concerning your recommendation of this individual for the LPCA of Georgia CPCS professional credential.

Blank lines for providing a brief statement concerning the recommendation.

Signature of Referring Professional _____

Contact Phone _____ Email _____

Address/City/State/ Zip _____

Notary Name: Print _____ Date _____ Notary Seal (Below)

Notary Signature: _____