

West Virginia Board of Examiners in Counseling

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SUPERVISOR'S VERIFICATION AND ASSESSMENT FORM PLEASE READ CAREFULLY!

CHECK ONE: _____ #1. Midpoint of Supervision _____ #2. Final Submission

Instructions to Provisionally Licensed Counselor: This form is to be sent to the Board office: **after 50% of direct contact hours are completed and at the end of supervision (minimum of 19 months).**

1. All supervised experience for licensure must be documented by the person(s) who supervised you.
2. Complete Part A before giving this form to your supervisor.
3. The completed form must be placed in an envelope by the ALPS, sealed by the ALPS, with the signature of the ALPS at the flap and mailed to the address above.

Part A: To be Completed by Provisionally Licensed Counselor

Name:			Last 4 of SSN:	
Home Address:		City:	State:	Zip:
Home Phone:	Work Phone:	Email:		County:
License #:	License Issue Date:		Expiration Date:	

Name of ALP Supervisor: _____ Title: _____

Email Address: _____

ALPS Business Phone Number: _____

Name and address of facility where clinical work and supervision took place:

Board Use Only

Instructions to Supervisor: Remember – The ALPS shall not supervise more than four supervisees who are registered at one time with this board.

1. Complete Part B ONLY if the Part A has been completed by the Provisionally Licensed Counselor.
2. After completing this form, please review ratings and comments with supervisee. The ALPS and supervisee shall sign and date the form and return to the WVBE address.

PART B: To be Completed by Supervisor

1. Does scope of practice include diagnosis and treatment of mental and emotional disorders? Yes No
2. Does the applicant’s scope of practice include 50% of time spent diagnosing and treating? Yes No
3. Type of professional license held: _____ 4. State: _____ 5. License #: _____

I verify that this applicant for LPC licensure has completed the following hours under my supervision. (Note to ALPS: the totals & timeframe included below shall reflect only those hours completed under your supervision. If applicable, a separate SVA shall be completed by each ALPS supervisor.)

*Definitions of all these categories are on the bottom of last page

Number of DIRECT CLIENT counseling hours _____

Number of INDIRECT CLIENT counseling hours _____

Number of ALPS SUPERVISION hours _____

Total Number of accumulated counseling activity hours _____

Start Date – Month-Day-Year _____/_____/_____

Final Date - Month-Day-Year _____/_____/_____

Total number of months in supervision _____

6. Briefly explain the nature of the supervision activities and types of clients served

Question #7 will only be completed on the final submission of this form.

7. Do you recommend the applicant for licensure: (CIRCLE ONE RESPONSE BELOW)

Yes, Without Reservation (Additional comments or explanation may be added below)

Yes, With Reservation (please explain below, attach separate sheet if necessary):

No, (if no, please explain below, attach separate sheet if necessary):

8. PLEASE RATE THE APPLICANT ON THE FOLLOWING CLINICAL SKILLS AND ABILITIES. THE FOLLOWING KEY IS RECOMMENDED WHEN ASSESSING THE APPLICANT’S LEVEL OF COMPETENCE:

IMPORTANT: FOR ALL RATINGS OF 2 OR 1, PLEASE PROVIDE MORE INFORMATION. PLEASE INCLUDE ITEM # AND ADD COMMENT(S) &/OR CONCERNS ON A SEPARATE SHEET FOR EACH.

- | | | |
|-----|----------------------------------|---|
| 5 | High: | <i>The applicant performs extremely well in this area.</i> |
| 4 | High Average: | <i>The applicant’s performance level is more than adequate in this area.</i> |
| 3 | Average: | <i>The applicant possesses adequate competence in this area.</i> |
| 2 | Low Average: | <i>The applicant clearly lacks competence in this area.</i> |
| 1 | Low: | <i>The applicant clearly lacks competence in this area.</i> |
| N/O | No Opportunity to Assess: | <i>The rater has not had the opportunity to observe the applicant’s performance in this area.</i> |

SKILLS AND ABILITIES

ASSESSMENT

A Provisionally Licensed Counselor must demonstrate acceptable levels of performance in:

HIGH		AVERAGE		LOW		N/O	
5	4	3	2	1			

CLINICAL PSYCHOPATHOLOGY, PERSONALITY AND ABNORMAL BEHAVIOR

1.) Knowledge of specific personality theories and their application in mental health work.							
2.) Understanding basic concepts of normal and abnormal behavior.							
3.) Recognizing the levels of severity of abnormal behaviors.							
4.) Understanding the life cycle of normal growth and development from infancy to maturity and old age.							
5.) Understanding the impact of diverse cultures, ethnic and economic background on personality development.							

EVALUATION OF MENTAL AND EMOTIONAL STATUS

6.) Knowing the names and uses of the various assessment measures.							
7.) Using behavioral observation, social history and intake Questionnaires as appraisal techniques.							
8.) Using assessment procedures in diagnosis, treatment planning, and the conduct of mental health treatment.							
9.) Using and interpreting group and individual standardized tests of mental ability, interests aptitude, personality, and achievement.							
10.) Knowing under what conditions, and by whom specialized tests may be administered (i.e. physical and neurological examinations, mental status examinations, EEG. Etc...)							

DIAGNOSIS OF MENTAL AND EMOTIONAL DISORDERS

11.) Knowing the signs and symptoms of psychosis, personality disorders and neuroses.							
12.) Using the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV) in making a diagnosis.							
13.) Conducting mental status examinations.							
14.) Knowing the psychopathologic conditions related to children, adolescents, young and mid-life adults and the aged.							
15.) Knowing the behaviors, natural history, and psychodynamics of special problems such as mental retardation, psychosexual disorders, substance abuse, and addiction.							

SKILLS AND ABILITIES

ASSESSMENT

A Provisionally Licensed Counselor must demonstrate acceptable levels of performance in:

HIGH		AVERAGE		LOW		N/O	
5	4	3	2	1			

METHODS OF INTERVENTION AND PREVENTION OF MENTAL AND EMOTIONAL DISORDERS

16.)	Using generic counseling skills, i.e. attending, responding, goal setting, feedback, summarization.						
17.)	Knowing the rationale, process and limitations of the psychological methods of intervention i.e. client-centered, psychological hypnotherapy, psychotherapy, etc.						
18.)	Knowing the method of educational models of intervention i.e. rational emotive therapy, reality therapy, psycho-social rehabilitation, etc.						
19.)	Using different kinds of intervention strategies in different situations. i.e. marriage and family, crisis situations, child abuse, etc.						
20.)	Using specialized intervention strategies in/with diverse populations i.e. minorities, children, substance abusers, psychiatric clients, terminally ill, etc.						

TREATMENT OF MENTAL AND EMOTIONAL DISORDERS

21.)	Developing and implementing a treatment plan.						
22.)	Reporting and assessing progress of treatment.						
23.)	Knowing the legal and ethical issues involved in treatment.						
24.)	Making appropriate and successful referrals of clients.						
25.)	Understanding the use of mood altering chemical agents in the treatment of mental and emotional disorders.						

AFFIDAVIT: I hereby attest that all the information on this form is true and correct to the best of my knowledge. I AM WILLING TO ANSWER ADDITIONAL QUESTIONS CONCERNING THIS EVALUATION IF THE BOARD DEEMS IT NECESSARY. Additionally, I understand that providing misinformation to the Board may subject me to disciplinary action, including revocation of my license.

Name of ALPS (please print)

Signature of ALPS-Approved Supervisor

Date

I hereby attest that all information and the ratings included on this form has been reviewed by the supervisee and ALPS.

Name of ALPS (please print)

Signature of ALPS-Approved Supervisor

Date

Name of supervisee (please print)

Signature of Supervisee

Date

1. Direct hours-includes the total # of hrs. completed in the first 5 categories of counseling activity on the Quarterly log sheets (e.g. individual, group, family, crisis, & classroom guidance). Total direct hours must be 50% of the required **total counseling activity hours**. Please see letter that accompanied provisional license for the minimum hours needed.

2. Indirect hours – Total number of hours in categories 6 & 7 on the Quarterly log sheets (e.g. consultation and Other).

3. Supervision hours – Total number of hours in categories 8 on the Quarterly log sheet (ALPS Supervision)- must be a minimum of 1 hour of supervision for every 20 hours Counseling activity listed in #4 below.

4. **Total Number of counseling activity hours**. Category #9 on Quarterly log sheet. Please see letter that accompanied provisional license for the minimum hours needed

5. Start Date – Month-Day-Year- Date supervision started

6. Final Date – Month-Day-Year-Date supervision was complete

Total Number of Months spent in Supervision - Please see letter that accompanied provisional license for the minimum months needed