

**Applicant Name:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Page 3 of Licensure Application**

**You need to copy this page if you have more than three clinical counseling jobs to report.**

**11. PROFESSIONAL and CLINICAL EXPERIENCE**

- List current experience first
- Any job that is part of your supervised experience has to be reported in this application
- Attach a job description for your current experience

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Box or Street Number City State Zip Code

On-site Supervisor: \_\_\_\_\_ Type of License \_\_\_\_\_ License # \_\_\_\_\_

Approved Licensed Professional Supervisor \_\_\_\_\_ License # \_\_\_\_\_

**Number of hours worked each month \_\_\_\_\_**

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