

**West Virginia Board of Examiners in Counseling**

815 Quarrier Street, Suite 212

Charleston, West Virginia 25301

(800) 520-3852

[Cheryl.J.Henry@wv.gov](mailto:Cheryl.J.Henry@wv.gov)

[www.wvbec.org](http://www.wvbec.org)

Dear Licensed Professional Counselor;

Thank you for applying for the West Virginia Licensed Professional Counselor Supervisor Credential (ALPS). Enclosed is all the information, along with the forms, you will need to complete and return to the Board.

The requirements for becoming an Approved Licensed Professional Supervisor (ALPS) is set forth in the licensing rule 27CSR1 section 6.2.c. You may review the rule on the website.

Please refer to the page titled "Directions for completing the enclosed paperwork". You are to gather all the completed forms and mail them back to the board office in one mailing.

The Board will review the applications in a timely manner.

Sincerely,

*Cheryl Henry*

Executive Director

## **DIRECTIONS FOR COMPLETING THE ENCLOSED PAPERWORK FOR ALPS.**

**Form A** – Application Form – Please complete the application form completely. Use the check list at the bottom of the application to make sure you have enclosed all necessary paperwork and return Form A as the cover sheet for the application.

**Form B** – Professional Disclosure Statement – You should already have a Disclosure Statement hanging next to your license at your place of business. Another copy is enclosed for your convenience or you may copy the one you are currently using. The Professional Disclosure Statement is always posted on the website for your convenience.

**Form C** – Coursework or Continuing Education Recording Form for applicants with **LESS THAN 10 years documented counseling experience**. Please complete the form, attach your transcript or certificates of completion that reflect at least 30 contact hours in clinical supervision training. All trainings for this application must contain the term clinical supervision in the title. You will need to have completed all trainings prior to being approved as a professional supervisor.

**Form D** – Coursework or Continuing Education Recording Form for applicants with **MORE THAN 10 years documented counseling experience**. Please complete the form, attach your transcript or certificates of completion that reflect at least 15 contact hours in clinical supervision training. All trainings for this application must contain the term clinical supervision in the title or training description. You will need to have completed all trainings prior to being approved as a professional supervisor

**Form E & E-1** - Counseling Experience Form – This form is used to document your counseling experience. If you have worked for more than one employer, copy this form. Please complete the top section with your name, license number, signature and date. Your employer completes the middle and bottom section of the form. If you are in private practice, you may check the area “Form E-1, Private Practice” and have a colleague or partner complete this form and attach a letter explaining your relationship.

**Form F & G** – Supervisor Experience Endorsement Form and Supervisee Endorsement Form – The Board requires that you provide at least two (2) professional endorsements. This endorsement can be completed by a former supervisor and/or a former supervisee. You can submit two endorsements from two different supervisors, two endorsements from two different supervisees, or one endorsement from each category. Please read the paragraph in the body of forms F & G carefully. The person completing the form must have worked with you for at least a year and needs to read your Disclosure Statement and your Professional Statement prior to completing the form.

**Professional Statement** – Form not included – The rule states that your statement should detail your supervision, philosophy, orientation, and experience. Perhaps your statement will include categories like: Education, Contextual Influences, Professional Credentials, Therapy Experience, Theoretical Influences, Supervision Experience, Supervision Orientation, Supervision Philosophy, and others you consider important. Rule of thumb: By answering the following questions, in detail, you will have provided the Board with adequate information as it related to your supervision orientation & philosophy. What do I believe about conducting therapy and clinical supervision? What is the role of the supervisor and supervisee? How do I define the good clinical supervisor?

Please note:

- Approved Supervisors can be a Licensed Professional Counselor in West Virginia or in any other state where the LPC requirements are equal to or greater than the requirements in West Virginia.
- If the LPC or LPCC is out-of-state, the LPC will be required to attach a copy of their current license to this application.
- Five (5) years experience means counseling experience, licensed or unlicensed, that can be documented, including graduate internship counseling experience.

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## Application for the West Virginia Licensed Professional Counselor Supervisor Credential (ALPS) (Form A)

(Please type or print)

This application must be completed in full. If a section does not apply, write N/A in the space provided.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_XXX\_ - \_XX\_ - \_\_\_\_\_ WV LPC #: \_\_\_\_\_ Original Issue Date \_\_\_\_\_

Number of years documented Counseling Experience: \_\_\_\_\_

Give a brief description of your current practice: \_\_\_\_\_

\_\_\_\_\_

For Board Use Only
____ Approved
Date Approved _____
____ Emailed
Date Emailed _____
Items Needed _____
_____
_____
_____
_____
_____

### Documentation to be included with this Application

Enclose all of the following materials with this application.

**DO NOT** mail items separately.

- \_\_\_\_ Completed Application Form (Form A)
- \_\_\_\_ Professional Disclosure Statement (Form B)
- \_\_\_\_ Coursework Recording and/or Coursework Form (Form C)
- \_\_\_\_ Continuing Education and/or Coursework Recording Form (Form D)
- \_\_\_\_ Counseling Experience Form (Form E)
- \_\_\_\_ Supervisor Experience Endorsement Form (Form F)
- \_\_\_\_ Supervisee Endorsement Form (Form G)
- \_\_\_\_ Professional Statement (Form not included)

**STATEMENT OF PROFESSIONAL DISCLOSURE  
FOR  
LICENSED PROFESSIONAL COUNSELORS  
IN THE  
STATE OF WEST VIRGINIA**

Counselor (Name) \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Phone Number \_\_\_\_\_ WV LPC License #: \_\_\_\_\_

**FORMAL PROFESSIONAL EDUCATION**

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_

**PROVIDING COUNSELING IN THE FOLLOWING AREAS**

\_\_\_\_\_

Note: The Board of Examiners in Counseling does not screen for qualifications in individual counseling specialties.

**FEE SCHEDULE** \_\_\_\_\_

Upon request your counselor will provide you with a copy of the Statement of Code of Ethics.

**Any questions, concerns, or complaints relating to the delivery of service by the counselor listed above, may be directed to:**

**1-800-520-3852**

**WEST VIRGINIA BOARD OF EXAMINERS IN COUNSELING  
815 Quarrier Street, Suite 212  
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This information is required by the Board of Examiners in Counseling which regulates all Licensed Professional Counselors and Licensed Marriage and Family Therapists.

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## Continuing Education and/or Coursework Recording Form (Form C) For Applicants with **less than** Ten (10) years Counseling Experience

Applicant's Name: \_\_\_\_\_ LPC# \_\_\_\_\_

Series 1, Licensing Rule, section 6.2.c. states that the professional supervisor shall document to the Board that he or she has completed training in clinical counseling supervision that includes content and experiences relevant to the supervision of counselors. To qualify as a Professional Supervisor for an LPC applicant, you must have taken, at a minimum:

- 30 contact hours in clinical supervision through either workshops and/or graduate courses.
  - Check the website of ACA ([www.counseling.org](http://www.counseling.org)) and NBCC ([www.nbcc.org](http://www.nbcc.org)) for pre-approved clinical supervision continuing education.
  - Any classes or continuing education offerings approved by WVBECE will be listed on our website ([www.wvbec.org](http://www.wvbec.org)).

List below your course (s) in clinical supervision:

Course Title	Date Taken	Credit Hours	Institution or Organization

Please attach a transcript, a copy of the course description from the institution's catalog for each course taken and/or all the certificates of completion for each offering taken.

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## Continuing Education and/or Coursework Recording Form (Form D) For Applicants with **more than** Ten (10) years Counseling Experience

Applicant's Name: \_\_\_\_\_ LPC# \_\_\_\_\_

Series 1, Licensing Rule, section 6.2.c. states that the professional supervisor shall document to the Board that he or she has completed training in clinical counseling supervision that includes content and experiences relevant to the supervision of counselors. To qualify as a Professional Supervisor, you must have taken, at a minimum:

- A one-semester hour (or quarter-hour equivalent) course in clinical supervision equal to 15 contact hours, or
- Workshops or seminars in clinical supervision totaling 15 contact hours from an approved provider.
  - Check the website of ACA ([www.counseling.org](http://www.counseling.org)) and NBCC ([www.nbcc.org](http://www.nbcc.org)) for pre-approved clinical supervision continuing education.
  - Any classes or continuing education offerings approved by WVBECC will be listed on our website ([www.wvbec.org](http://www.wvbec.org)).

List below your workshop or course (s) in clinical supervision:

Course Title	Date Taken	Credit Hours	Organization/ Institution	Transcript/ Certificate of Completion
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please attach each certificate of completion and/or transcript and a copy of the course description from the organizations/institution's catalog for each course taken.

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Counseling Experience Form (Form E)      ( Form E-1 Private Practice)

Applicant's Name: \_\_\_\_\_ LPC# \_\_\_\_\_

I have applied to the West Virginia Board of Examiners to become a Licensed Professional Counselor Supervisor. The counseling rules state that I must have a minimum of five (5) years counseling experience to qualify as a supervisor. Please complete the Employer Verification Information below and **return this form to me**. The Board will not process my application without this form.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Employer Verification Information

This is to verify that \_\_\_\_\_ is/was employed by this Agency/group for  
(Applicant)  
the period \_\_\_\_\_ to \_\_\_\_\_ in the position of \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The PERSON verifying the employment will need to provide the following information for the Board.

Please PRINT your name on the first line. If items do not apply, please write N/A in the space.

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

Position: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Date: \_\_\_\_\_

After completing this form,  
please enclose it in an envelope and seal; **sign across the sealed flap**,  
and return to the Professional Supervisor applicant.

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## Supervisor Experience Endorsement Form (Form F)

Applicant's Name: \_\_\_\_\_ LPC # \_\_\_\_\_

To the West Virginia Board of Examiners in Counseling:

I hereby state that I have been professionally acquainted with the above named applicant for \_\_\_\_\_ years/months (must be at least one year) and I am not related to this applicant. To the best of my knowledge and belief, this applicant is of good standing in the profession, is of good moral character, and has demonstrated effective counseling skills while under my supervision. I have read the Professional Statement written by the applicant requesting this form, and attest to its adequacy. I have also read the applicant's Professional Disclosure Statement and find it correct to the best of my knowledge and belief. I hereby endorse this applicant to become a West Virginia Professional Supervisor for LPC applicants.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name (Please Print)

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Profession

\_\_\_\_\_  
Professional Licensure

\_\_\_\_\_  
Degree

\_\_\_\_\_  
State and Organization Issuing License

\_\_\_\_\_  
Number of years in Profession

**After completing this form,  
please enclose it in an envelope and seal; sign across the sealed flap,  
and return to the Professional Supervisor applicant.**



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## Supervisee Endorsement Form (Form G)

Applicant's Name: \_\_\_\_\_ LPC # \_\_\_\_\_

To the West Virginia Board of Examiners in Counseling:

I hereby state that I have been professionally acquainted with the above named applicant for \_\_\_\_\_ years/months (must be at least one year) and I am not related to this applicant. To the best of my knowledge and belief, this applicant is of good standing in the profession, is of good moral character, and has demonstrated effective supervision skills during my supervisory experience. I have read to the Professional Statement written by the applicant submitting this form, and attest to its adequacy. I have also read the applicant's Professional Disclosure Statement and find it correct to the best of my knowledge and belief. As a former supervisee of this individual, I hereby endorse this applicant to become a West Virginia Professional Supervisor.

\_\_\_\_\_  
Signature of Supervisee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisee's Name (Please Print)

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Profession

\_\_\_\_\_  
Professional Licensure

\_\_\_\_\_  
Degree

\_\_\_\_\_  
State and Organization Issuing License

\_\_\_\_\_  
Number of years in Profession

After completing this form,  
please enclose it in an envelope and seal; **sign across the sealed flap,**  
and return to the Professional Supervisor applicant.