



# Quarterly Supervision Report

[To be filed for LPCAs with approved supervision contracts.] Indicate to which LPC Associate this quarterly supervision report applies:

LPC Associate Name: \_\_\_\_\_ LPCA (# \_\_\_\_\_)

## INSTRUCTIONS:

1. **PRINT** or **TYPE** using **BLACK** Ink to complete this quarterly supervision report.
2. **ALL SECTIONS** must be completed or the quarterly supervision report will be returned.
3. The quarterly supervision report should be mailed to the **Board Office at: NCBLPC, PO Box 77819, Greensboro, NC 27417**

## I. GENERAL INFORMATION - (Supervisor Information.)

Supervisor's Name (Last, First, Middle): \_\_\_\_\_

Mailing Address (Name of Workplace, Street and/or Box Number, City, State, Zip Code): \_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

## II. SUPERVISION - To be completed by supervisor.

**Supervision Period:** Year: \_\_\_\_\_ **For a Partial Quarter:** Begin Date (m/d/yr) \_\_\_\_\_ End Date (m/d/yr) \_\_\_\_\_

**Full Quarters:**  Quarter 1 (1/1—3/31)  Quarter 2 (4/1 - 6/30)  Quarter 3 (7/1 - 9/30)  Quarter 4 (10/1 - 12/31)

### **Modality of Supervision Used (check all that apply):**

Live Observation/Supervision  Co-therapy  Audio Recording  Video Recording

### **Supervised Professional Practice and Clinical Supervision:**

Supervised Professional Practice (as defined in Rule .0208): \_\_\_\_\_ Total # Hours **Indirect** Counseling: \_\_\_\_\_

(no more than 40 per week) Total # Hours **Direct** Counseling: \_\_\_\_\_

Individual Clinical Supervision (as defined in Rule .0210): \_\_\_\_\_ Total # Hours: \_\_\_\_\_ (no less than 1hr per 40 hrs worked)

Group Clinical Supervision (as defined in Rule .0211): \_\_\_\_\_ Total # Hours: \_\_\_\_\_ (no less than 2hrs per 40 hrs worked)

I verify that the above information is accurate. The focus of the documented supervision sessions was based on raw data from clinical work which was made available to the supervisor through such means as live observation, co-therapy, audio and video recordings, and live supervision. The clinical supervision included a minimum of one hour of individual or 2 hours of group clinical supervision per 40 hours of counseling practice.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Important Reminders:

- If not receiving supervision, it shall be the responsibility of the Licensed Professional Counselor Associate to report such to the Board.
- **Final Supervision Report report shall be submitted to the Board within two (2) weeks of termination of supervision and within two (2) weeks of a change in the conditions specified in the supervision contract from on file with the Board.**
- A log of clinical supervision hours will be maintained that includes the date; supervision start and stop times; the modality of supervision to be provided such as live observation, co-therapy, audio and video recordings; and live supervision as defined by Rule .0208; and notes on recommendations or interventions used during supervision.
- The supervisor shall be available for consultation with the Board or its committees regarding the supervisee's competence.