

Name _____ Social Security Number _____

**Arizona Board of Behavioral Health Examiners
Counseling Licensure Application Supplement**

Part 1. EDUCATION

(Not required for applicants with an active Associate Counselor license)

REQUIRED DEGREE CREDIT HOURS

All Licensed Associate Counselor and Licensed Professional Counselor applicants must complete a minimum of 60 semesters, 80 quarter or 80 trimester credit hours.

My graduate program consisted of a minimum of:

_____ 60-semester credit hours _____ 80-quarter credit hours _____ 80-trimester credit hours

ACCREDITATION OF GRADUATE COUNSELING PROGRAM

NOTE: Complete for the counseling degree listed above.

Did your graduate program hold accreditation from the Council for the Accreditation of Counseling Related Programs (CACREP) or the Commission on Rehabilitation Education (CORE) on the date your degree was awarded?

YES NO

Date program obtained CACREP accreditation _____

Date program obtained CORE accreditation _____

Part 2. OFFICIAL TRANSCRIPTS

(Not required for applicants with an active Associate Counselor license)

You must include an official transcript for each graduate program you attended. Request that the educational institution send you an official transcript. **DO NOT OPEN THE ENVELOPE CONTAINING YOUR TRANSCRIPT.** Submit all transcripts in unopened envelopes **WITH** your application. Transcripts submitted in open envelopes will not be accepted.

Part 3. CURRICULUM

(Not required for applicants with an active Associate Counselor license or applicants whose graduate degree was from a program accredited by CACREP or CORE at the time of graduation.)

NOTE: Arizona curriculum requirements are as follows:

Pursuant to A.A.C. R4-6-501 (K)

1. Coursework from each of the following 14 required content areas:

- a. Diagnosis, Assessment, and Treatment Planning – one three-semester credit hour course in studies that are limited to providing an understanding of the use of assessment and diagnosis to develop appropriate treatment interventions for behavioral health disorders. Studies in this area shall include the use of the current Diagnostic and Statistical Manual, the integration of diagnostic and other assessment information, and the development of treatment plans;
- b. Basic Tests and Appraisal in Counseling - one three-semester credit hour course in studies that are limited to providing an understanding of individual and group approaches to assessment and evaluation. Studies in this area shall include **all of the following:**
 - i. Basic concepts of standardized and non-standardized testing and other assessment techniques, which could include norm-referenced and criterion referenced assessment, environmental assessment, performance assessment, individual and group test and inventory methods, behavioral observations, and computer-managed and computer-assisted methods;
 - ii. Statistical concepts, which could include scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations;
 - iii. Reliability, which could include theory of measurement error, models of reliability, and the use of reliability information; and
 - iv. Validity, which could include evidence of validity, types of validity, and the relationship between reliability and validity;
- c. Pre-practicum - A pre-practicum or supervised field work experience under the supervision of a faculty member, which shall include **either of the following:**
 - i. 100 total hours of pre-practicum activities, of which a minimum of 40 hours shall be direct client contact hours; or
 - ii. 300 clock hours in a supervised counseling practicum, field work experience, or internship in addition to the 600 clock hours required in subsection (K)(1)(d);
- d. Supervised Counseling Practicum, Field Work Experience, or Internship – A supervised counseling practicum, field work experience, or internship shall provide for the development of counseling skills under supervision. The counseling practicum, field work experience, or internship must include a minimum of six semester credit hours and 600 clock hours in a professional counseling setting. The counseling practicum, field work experience, or internship must provide the opportunity for the student to perform all the activities that a regularly employed professional counselor would be expected to perform. Counseling practicum, field work experience, or internship services must be under the direction and supervision of a faculty member and an onsite supervisor approved by the college or university;
- e. Counseling Theories - one three-semester credit hour course in studies that are limited to providing a comprehensive survey of the major counseling theories and principles. **At a minimum, coursework shall include five of the following theories:**

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- i. Cognitive behavioral;
 - ii. Person centered;
 - iii. Brief solution focused;
 - iv. Adlerian;
 - v. Behavioral;
 - vi. Psychoanalytic and neopsychoanalytic; or
 - vii. Rational emotive;
- f. Professional Counseling Ethics – one three-semester credit hour course in studies that are limited to providing a broad understanding of professional counseling ethics, legal standards, and responsibilities. Coursework may not include material in an adjunctive therapeutic area;
- g. Social and Cultural Diversity Issues in Counseling – one three-semester credit hour course in studies that are limited to providing a broad understanding of issues and trends in a multicultural and diverse society. Studies in this area shall include **all of the following**:
- i. Attitudes and behaviors based on such factors as age, race, religious preference, physical disability, sexual orientation, ethnicity and culture, family patterns, gender, socioeconomic status and intellectual ability;
 - ii. Individual, family, group, and community strategies for working with diverse populations; and
 - iii. Theories of multicultural counseling, theories of identity development, and multicultural competencies;
- h. Basic Counseling Skills in the Helping Relationship - one three-semester credit hour course in studies that are limited to providing a broad understanding of counseling processes, **including all of the following**:
- i. Counselor and client characteristics and behaviors that influence helping processes, which could include age, gender and ethnic differences, verbal and nonverbal behaviors, and personal characteristics, orientations, and skills; and
 - ii. Essential interviewing and counseling skills with a focus on the development of a therapeutic relationship, establishment of appropriate counseling goals and intervention strategies, evaluation of client outcome, and successful termination of the counseling relationship;
- i. Human Growth and Development – one three-semester credit hour course in studies that are limited to providing an understanding of the nature and needs of individuals at all developmental levels, including **all of the following**:
- i. Theories of individual and family development and transitions across the life-span;
 - ii. Theories of learning and personality development; and
 - iii. Strategies for facilitating optimum development over the life-span;
- j. Career Development and Counseling – one three-semester credit hour course in studies that are limited to providing an understanding of career development and related life factors, including **all of the following**:
- i. Career development theories and decision-making models;
 - ii. Interrelationships among and between work, family, and other life roles and factors including the role of diversity and gender in career development; and
 - iii. Psychotherapy and career counseling processes, techniques, and resources, including those applicable to specific populations;
- k. Group Counseling Theory and Practice – one three-semester credit hour course in studies that are limited to

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providing a broad understanding of group development, group dynamics, group counseling theories, group counseling methods and skills, and other group work approaches. Studies in this area shall include **all of the following**:

- i. Principles of group dynamics, which could include group process components, developmental stage theories, and group members' roles and behaviors;
 - ii. Group leadership styles and approaches, which could include characteristics of various types of group leaders and leadership styles;
 - iii. Theories of group counseling, which could include commonalities, distinguishing characteristics, and pertinent research and literature; and
 - iv. Group counseling methods, which could include group counselor orientations and behaviors, ethical standards, appropriate selection criteria and methods, and methods of evaluation of effectiveness;
1. Research Methods – one three-semester credit hour course in studies that are limited to providing an understanding of research methods and basic statistical analysis, **including all of the following**:
- i. The importance of research and opportunities and difficulties in conducting research in the counseling profession;
 - ii. Research methods such as qualitative, quantitative, single-case designs, action research and outcome-based research; and
 - iii. Use of research to improve counseling effectiveness;
- m. Marriage and Family Therapy – one three-semester credit hour course in studies that are limited to providing a broad understanding of the structure and dynamics of the family, which may include assessment and methods of marital and family intervention and counseling; and
- n. Chemical Dependency Counseling – one three-semester credit hour course in studies that are limited to providing a broad understanding of the stages, processes, and effects of chemical dependency, social and psychological dynamics of chemical dependency, and the professional's role in prevention, intervention, and aftercare. Coursework shall **include all of the following**:
- i. Drug classification and effects;
 - ii. Chemical dependency assessment; and
 - iii. Theories and methods of chemical dependency counseling; and
2. Sufficient semester credit hour courses in any of the following counseling related elective subjects to equal the semester credit hour course requirements of subsections (A) and (B):
- a. Human sexuality;
 - b. Psychopharmacology;
 - c. Crisis intervention;
 - d. Biological basis of behavior;
 - e. Counseling special populations, including forensic populations, sex offenders, children and adolescents, adults, elderly, gender specific populations, seriously mentally ill individuals, and individuals affected by domestic violence, dual diagnosis, co-morbidity, or co-occurring disorders;
 - f. Rehabilitation counseling;
 - g. Counseling interventions; or
 - h. Additional or advanced courses in any required curriculum category listed in subsection (K)(1)

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Part 3. CURRICULUM

SECTION 1: TO BE COMPLETED BY APPLICANT

Indicate all courses taken that fulfill the requirements for Core curriculum as defined in R-6-501(K). For each required curriculum category, list ALL courses that meet the requirement. However, each course may only be used to meet a single area. Do not list the same course in more than one area.

Please submit university or college catalog course descriptions for the year and semester you were enrolled in the course for every course you submit to meet the curriculum requirements. Please highlight the courses you are using to meet curriculum requirements.

Per administrative rule R4-6-501 (D), to be applicable toward curriculum requirements, a course shall be exclusively devoted to the subject matter described in each curriculum requirement. **The Board shall not accept a course in which the required curriculum subject matter is embedded in a course including other subject matter.**

One 3-semester, 4-quarter or 4-trimester credit hour course is **required in each area.**

CATEGORY	COURSE NO.	COURSE NAME	TERM/YEAR	NO. CREDITS (Indicate Sem, Tri, or Qtr)	FOR COMMITTEE USE ONLY.			
CORE CURRICULUM					NO. CREDITS ACCEPTED BY COMMITTEE (Sem, Tri, Qtr)	Review #1	Review #2	Curriculum Requirement Met?
Diagnosis, Assessment, and Treatment Planning								
Basic Tests and Appraisal in Counseling								
Counseling Theories								
Professional Counseling Ethics								

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CORE CURRICULUM					NO. CREDITS ACCEPTED BY COMMITTEE (Sem, Tri, Qtr)	Review #1	Review #2	Curriculum Requirement Met?
Social and Cultural Diversity Issues in Counseling								
Basic Counseling Skills in the Helping Relationship								
Human Growth and Development								
Career Development and Counseling								
Group Counseling Theory and Practice								
Research Method								
Marriage and Family Therapy								

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CORE CURRICULUM					NO. CREDITS ACCEPTED BY COMMITTEE (Sem, Tri, Qtr)	Review #1	Review #2	Curriculum Requirement Met?
Chemical Dependency Counseling								
Pre-Practicum								
Supervised Counseling Practicum, Field Work Experience, or Internship								
SUMMARY OF CURRICULUM DEFICIENCIES AND/OR NEEDS FOR ADDITIONAL DOCUMENTATION:								
Verification Form	<input type="checkbox"/> Verification form missing <input type="checkbox"/> Need back-up documentation to support hours on form							
Pre-Practicum Hours	<input type="checkbox"/> Sufficient hours <input type="checkbox"/> Lacks _____ hours <input type="checkbox"/> Not applicable (see total practicum hours)							
Practicum Hours	<input type="checkbox"/> Sufficient hours <input type="checkbox"/> Lacks _____ hours							

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NOTE: After completing this verification form, university personnel must send this verification form back to the applicant in a sealed envelope. Applicants must submit these unopened verification envelopes with their applications. **The Board will not accept unsealed envelopes.**

**SECTION 2: VERIFICATION OF PRE-PRACTICUM AND PRACTICUM
(TO BE COMPLETED BY THE APPLICANT)**

To: _____
University (please print)

DOB: _____

SSN: _____

From: _____
Applicant's Name (please print)

(_____) _____ - _____
Telephone

Applicant's Address

I have applied to the Arizona Board of Behavioral Health Examiners for licensure as a behavioral health professional. I hereby authorize you to release the information requested below.

Applicant's Signature Date

Date

**THE APPLICANT MUST MAIL THIS FORM TO THE UNIVERSITY FOR VERIFICATION BEFORE
SUBMISSION TO THE ARIZONA BOARD OF
BEHAVIORAL HEALTH EXAMINERS**

SECTION 3: TO BE COMPLETED BY THE UNIVERSITY

NOTE: After completing this verification form, university personnel must send this verification form back to the applicant in a sealed envelope. Applicants must submit these unopened verification envelopes with their applications. **The Board will not accept unsealed envelopes.**

Professional's Name _____

If the professional completed a pre-practicum, please complete the following:

Total hours of pre-practicum under the supervision of a faculty member: _____

Total hours of direct client contact during pre-practicum: _____

If the professional completed a Supervised Counseling Practicum, Field Work Experience, or Internship in a professional counseling setting under the direction and supervision of a faculty member and an onsite supervisor approved by the university, please indicate the following:

Total hours of Supervised Counseling Practicum, for the development of counseling skills under supervision: _____

Form Completed By

Date

Please Include University Seal

University Name and Phone Number

Name _____ Social Security Number _____

SECTION 3A: TO BE COMPLETED BY THE UNIVERSITY

NOTE: After completing this verification form, university personnel must send this verification form to the applicant's ON SITE SUPERVISOR. On site supervisor is to return this form back to the university. After completing this verification form, university personnel must send these verification forms back to the applicant in a sealed envelope. Applicants must submit these unopened verification envelopes with their applications. **The Board will not accept unsealed envelopes.**

University Verification

I attest that the applicant completed a supervised Counseling Practicum, Field Work Experience, or Internship in a professional counseling setting under the direction and supervision of a faculty member and an onsite supervisor approved by the university as follows:

Date of participation From _____ To _____

Total hours spent in the development of counseling skills under supervision _____

Name

Signature

Date

University Name

Telephone No.

University Seal

SECTION 4: TO BE COMPLETED BY THE SITE SUPERVISOR

NOTE: After completing this verification form, on site supervisor must send this verification form back to the applicant's university.

Site Supervisor Verification

I attest I have maintained/reviewed supervision documentation for the applicant and that the hours verified above are accurate. The supervision documentation is available and will be provided upon request.

Name

Signature

Date

Agency Name

Telephone No.

Name _____ Social Security Number _____

Part 4. VERIFICATION OF SUPERVISED WORK EXPERIENCE

(Not required for Licensed Associate Counselor applicants)

NOTE: After notarization, the supervisor must send the verification form back to the applicant in a sealed envelope with the supervisor's name written across the seal. Applicants must submit these unopened supervision envelopes with their applications. **The Board will not accept unsigned, unnotarized or unsealed envelopes.** If your work experience was acquired as an independent contractor, please contact the Board for additional instructions.

SECTION A: TO BE COMPLETED BY APPLICANT

Supervisor's Name _____

Name of the agency where you obtained your supervised work experience

I have applied to the Arizona Board of Behavioral Health Examiners (AzBBHE) for licensure as a Professional Counselor. Please complete the following information verifying my supervised work experience, have the form notarized, and return the form to me in a sealed envelope. Please sign your name across the seal. I hereby authorize the above-named individual and agency to release the requested information to AzBBHE. **DO NOT INCLUDE DATES OR HOURS OF EMPLOYMENT PRIOR TO THE DATE MY GRADUATE DEGREE WAS AWARDED ON _____.** (If your post-graduate work experience hours were acquired after January 1, 2006, you must have been licensed by this Board. AAC R4-6-210(4)).

Applicant's Signature

Date

SECTION B: TO BE COMPLETED BY APPLICANT'S EMPLOYER OR SUPERVISOR

NOTE: After notarization, the supervisor must send the verification form back to the applicant in a sealed envelope with the supervisor's name written across the seal. Applicants must submit these unopened supervision envelopes with their applications. **The Board will not accept unsigned, unnotarized or unsealed envelopes.**

I certify that _____ (applicant name) was engaged in supervised work experience in the practice of professional counseling as follows:

NOTE: You must list a specific end date. "Current" or "Present" will not be accepted.

Dates of supervised work experience: From _____ through _____
mm/dd/yy mm/dd/yy

(NOTE: In both places below, identify total hours worked, not hours per week.)

Total hours of **direct client contact** involving the use of psychotherapy for the purpose of assessment, diagnosis and treatment of individuals, couples, families and groups during the time period identified above: _____

Total hours of supervised work experience: Direct client contact hours plus the hours the supervisee spent in activities directly related to the provision of the psychotherapy, such as time spent doing documentation and receiving clinical supervision, during the time period identified above: _____

You must attach a copy of the published job description for the position(s) the applicant held during the work experience identified above.

YES NO I have attached a copy of the applicant's published job description.

Name _____ Social Security Number _____

Identify your position with the entity / agency where the applicant obtained the work experience which you are verifying:

During the period of supervised work experience, the applicant was an:

employee independent contractor other

I was the applicant's: Employer Supervisor

Name: _____ Degree: _____

Title: _____ Telephone: _____

Agency: _____

Address: _____

Agency OBHL License # if applicable: _____

I hold the following professional license(s) or certification(s):

Type of Credential	Issuing State	Date Issued	Expiration Date	License # and Current Status

NOTE: You must sign and date this affidavit IN THE PRESENCE of the notary and the date you write must be the same as the date written by the notary. Affidavits with different dates will not be accepted.

I certify under penalty of perjury that all information contained in this verification, including all supporting documents, is true and correct to the best of my knowledge and belief with full knowledge that any false statements or misrepresentations made in this verification may be grounds for disciplinary action against any license I hold.

Employer/Supervisor Signature

Date

TO BE COMPLETED BY NOTARY

Subscribed and sworn before me this _____ day of _____, 20____, in the State of _____ and County of _____.

Notary Public _____ My Commission Expires _____

Notary Seal

INSTRUCTIONS FOR COMPLETING THE VERIFICATION OF SUPERVISED WORK EXPERIENCE FORM

1. Your employer or supervisor must list the dates of the supervised work experience in a mm/dd/yy format. Using the words “current” or “present” is not acceptable.
2. Your employer or supervisor must verify your hours of direct client contact providing **psychotherapy only**. **Hours counted must be limited to only those hours spent providing assessment, diagnosis and treatment services.**
3. **TOTAL hours of supervised work experience verified should include all direct client contact hours AND all indirect hours RELATED to direct services, such as training, supervision hours you received and documentation. DO NOT include non-clinical hours, such as case management, administrative time or supervision hours you provided to others.**
4. **Total hours of direct client contact must be limited to only those hours spent providing assessment, diagnosis and treatment services.**

NOTE: You must list a specific end date. “Current” or “Present” will not be accepted.

Dates of supervised work experience: From _____ through _____
mm/dd/yy mm/dd/yy

(NOTE: In both places below, identify total hours worked, not hours per week.)

Total hours of **direct client contact** involving the use of psychotherapy for the purpose of assessment, diagnosis and treatment of individuals, couples, families and groups during the time period identified above: _____

Total hours of supervised work experience: Direct client contact hours plus the hours the supervisee spent in activities directly related to the provision of the psychotherapy, such as time spent doing documentation and receiving clinical supervision, during the time period identified above: _____

Name _____ Social Security Number _____

Part 5. VERIFICATION OF CLINICAL SUPERVISION AND ASSESSMENT

(Not required for Licensed Associate Counselor applicants)

NOTE: After notarization, the supervisor must send the verification form back to the applicant in a sealed envelope with the supervisor's name written across the seal. Applicants must submit these unopened supervision envelopes with their applications. **The Board will not accept unsigned, unnotarized or unsealed envelopes.**

SECTION A: TO BE COMPLETED BY THE APPLICANT BEFORE SUBMITTING TO EACH SUPERVISOR

To: _____ (Supervisor's name)

I have applied to the Arizona Board of Behavioral Health Examiners (AzBBHE) for licensure as a Professional Counselor. Please complete the following information verifying the clinical supervision that I received from you, have the form notarized, and return the form to me in a sealed envelope. Please sign your name across the seal. I hereby authorize the above-named individual to release the requested information to AzBBHE. **DO NOT INCLUDE SUPERVISION HOURS PRIOR TO THE DATE MY GRADUATE DEGREE WAS AWARDED ON _____.** (If your post-graduate work experience hours were acquired after January 1, 2006, you must have been licensed by this Board. AAC R4-6-210(4)).

Applicant's Signature

Date

SECTION B: TO BE COMPLETED BY THE APPLICANT'S SUPERVISOR

NOTE: After notarization, the supervisor must send the verification form back to the applicant in a sealed envelope with the supervisor's name written across the seal. Applicants must submit these unopened supervision envelopes with their applications. **The Board will not accept unsigned, unnotarized or unsealed envelopes.**

I certify that _____ (applicant name) received face-to-face clinical supervision from me as follows:

NOTE: You must list a specific end date. "Current" or "Present" will not be accepted.

Dates of clinical supervision: From _____ through _____
mm/dd/yy mm/dd/yy

Applicant's position or title: _____

Describe below the applicant's specific work activities:

Skills / Attributes	Outstanding	Above Avg	Average	Below Avg	Poor	Can't evaluate
Assessment						
Diagnosis						
Individual psychotherapy skills						
Ability to make appropriate referrals						
Group psychotherapy skills						
Personal integrity						
Appropriate use of supervision						
Insight into client's problems						
Ability to maintain appropriate boundaries						
Ability to be objective on the job						
Ethical conduct						
Concern for welfare of clients						
Sense of responsibility						
Recognition of own limits						
Ability to maintain confidentiality						

Name _____ Social Security Number _____

(NOTE: Identify total supervision hours, not supervision hours per week.)

Total hours of clinical supervision during the above dates: _____

Total hours of direct observation or review of audio or video tapes of applicant providing treatment: _____

Of the total hours of clinical supervision identified above, indicate the following:

Group supervision hours _____ Individual supervision hours _____

Supervisor's Name: _____ Telephone: _____

_____ I was employed by the same agency as the applicant when supervision was provided.

_____ I was hired as an outside supervisor to provide clinical supervision.

Agency: _____

Address: _____

I hold the following professional license(s) or certification(s):

NOTE to Supervisor: If you were not licensed or certified as a behavioral health professional in Arizona or any other state when you provided this supervision, you must enclose a copy of your graduate transcript and curriculum vitae with this form.

Type of Credential	Issuing State	Date Issued	Expiration Date	License # and Current Status

NOTE: You must sign and date this affidavit IN THE PRESENCE of the notary and the date you write must be the same as the date written by the notary. Affidavits with different dates will not be accepted.

I certify under penalty of perjury that all information contained in this verification, including all supporting documents, is true and correct to the best of my knowledge and belief with full knowledge that any false statements or misrepresentations made in this verification may be grounds for disciplinary action against any license I hold.

I certify that I have complied with the requirement for continuing education that addresses clinical supervision or that I hold a clinical supervisor certification as provided in A.A.C. R4-6-212 (J) and that I have included copies of all certificates of completion and the comprehensive published description of the content of the course which includes the course objectives and the presenter's qualifications or I have included a letter issued to me by the Board. [] YES [] NO

I certify that I have read and understand the clinical supervision requirements in A.A.C. R4-6-212 and that the clinical supervision identified above complied with those requirements. [] YES [] NO

I certify that I have maintained clinical supervision documentation in compliance with A.A.C R4-6-212(F)(4) and that I agree to provide such documentation upon request. [] YES [] NO

Supervisor Signature

Date

Printed Name of Supervisor

TO BE COMPLETED BY NOTARY

Subscribed and sworn before me this _____ day of _____, 20____, in the State
of _____ and County of _____.

Notary Public _____ My Commission Expires _____

Notary Seal

**INSTRUCTIONS FOR COMPLETING THE
VERIFICATION OF CLINICAL SUPERVISION AND ASSESSMENT FORM**

1. Your clinical supervisor must verify hours he/she spent **meeting directly with you** to review and discuss clinical practice issues only. Time spent discussing non-clinical matters, such as staff meetings covering administrative issues cannot be verified.
2. ALL clinical supervision hours verified on the Clinical Supervision and Assessment form **MUST** occur during the supervised work period identified on your completed Verification of Supervised Work Experience form.
3. Your clinical supervisor can only verify clinical supervision hours he/she provided directly to you. A supervisor cannot verify clinical supervision hours provided by another supervisor.
4. The clinical supervisor must verify that he/she has maintained written documentation to validate all clinical supervision hours he/she verifies. The supervisor's clinical supervision documentation must comply with Board standards set out in A.A.C. R4-6-212(F)(4). A copy of the Board standards for clinical supervision documentation is attached for your convenience. PLEASE NOTE that the Board may request copies of clinical supervision documentation during the application process.
5. Group supervision hours may be verified for clinical supervision provided to two but no more than six supervisees. Typically, staff meetings do not qualify as clinical supervision hours because the supervisor meets with more than six supervisees, discussions are not limited to clinical practice issues ONLY, or the supervisor does not maintain clinical supervision documentation for staff meetings in accordance with the standards set out in A.A.C. R4-6-212(F)(4).
6. Individual supervision hours may be verified for clinical supervision meetings between the clinical supervisor and the applicant.
7. Any clinical supervision submitted for work experience acquired after July 1, 2006, must include at least 10 hours of clinical supervision acquired through direct observation or review of video/audio tapes by the clinical supervisor (A.A.C. R4-6-212(G)) of the applicant providing treatment and evaluation services to a client.
8. The clinical supervisor must have completed continuing education required in A.A.C. R4-6-212(J) and must include verification of the training with the completed supervision form.

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PART 6. SUPERVISOR VERIFICATION OF CREDENTIAL FORM

NOTE: Use this form only if you are applying as a Licensed Professional Counselor AND your clinical supervisor(s) was licensed or certified in another state.

Complete Section I and mail to your supervisors to obtain a verification of their license, registration or certification. Your supervisor must complete Section 2 and mail to their licensing, registering or certifying agency.

SECTION 1: TO BE COMPLETED BY THE APPLICANT BEFORE SUBMITTING THE FORM TO EACH SUPERVISOR

To: _____ (Supervisor)

I have applied to the Arizona Board of Behavioral Health Examiners for licensure as a behavioral health professional. Please submit the following form to your licensing, registering or certifying agency to verify your credentials. Please return this form with the supervision forms that you completed in an envelope sealed and signed across the seal.

Applicant's Signature

Date

SECTION 2: TO BE COMPLETED BY THE APPLICANT'S SUPERVISOR

Mail this form and any necessary fee to your licensing, registering or certifying agency. Upon receipt of the completed verification form from your licensing, registering or certifying agency, please submit the verification form with the supervision and work experience forms that you completed.

Name: _____ License/Registration/Certification No: _____

Address: _____ Phone Number: _____

Section 3: TO BE COMPLETED BY THE STATE IN WHICH THE INDIVIDUAL IDENTIFIED IN SECTION 2 ABOVE IS LICENSED, REGISTERED, OR CERTIFIED:

I am the person named in Section 2 who provided supervision to an applicant of the Arizona Board of Behavioral Health Examiners. I hereby authorize you to release the information requested below. **Please return the completed form to me at the address listed in Section 2 above.**

Supervisor's Signature

Date

Professional's Name (supervisor) _____

Credential Held _____

Credential Number _____

Issuance Date _____

Expiration Date _____

Current Status _____

Pending Disciplinary Actions YES NO

Number of Past Disciplinary Actions _____

Attach explanation of all disciplinary actions.

Form Completed By

Date

Please Include State Seal

Credentiaing Agency Name and Phone Number

Part 7. CHECKLIST OF REQUIRED DOCUMENTS

**APPLICATIONS SUBMITTED WITHOUT ALL REQUIRED DOCUMENTATION
WILL NOT BE PROCESSED**

YOU MUST SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION. Indicate below that your application includes all required documentation.

ALL counseling licensure applicants must submit the following required documentation:

- _____ Cashier's check, certified check or money order for \$250.00 payable to the Arizona Board of Behavioral Health Examiners. *Personal checks will not be accepted and the fee is NON-REFUNDABLE.*
- _____ A copy of your fingerprint card or a completed fingerprint card obtained directly from the Board.
- _____ Parts I – III, V-VII and IX of the General Application.
- _____ Submit a completed Part IV of the General Application for every active and non-active credential listed in Part III of the General Application.
- _____ HIPDB / NPDB reports, submitted in an unopened envelope from the federal databank as required in Part VIII of the General Application. Reports must be dated within 90 days of the date you submit your application. The 90 day period begins when you hit submit on line.
- _____ Part 1 of the Counseling Licensure Application Supplement.
(Not required for applicants with an active Arizona Associate Counselor license)
- _____ Part 2 of the Counseling Licensure Application Supplement. Submit an official transcript for each graduate institution attended. Although courses from one school may appear on the transcript of another, the Board requires separate transcripts from each institution attended. All transcripts are to be sent to you in a sealed envelope. **You must submit these unopened transcripts with your application.** (Not required for applicants with an active Associate Counselor license)
- _____ Part 3 of the Counseling Licensure Application Supplement.
(Not required for applicants who graduated from a CACREP/CORE accredited institution or applicants with an active Licensed Associate Counselor license.)

SUPPLEMENTARY DOCUMENTATION

_____ Submit your exam score in an unopened envelope **IF** you have already taken and passed one of the required exams. (Applicants who have not taken and passed a required exam will be sent a test registration letter authorizing them to take the NBCC exam as soon as they submit a completed application to the Board.) Licensed Associate Counselors applying for Professional Counselor licensure who submitted their exam score reports with their Licensed Associate Counselor applications do not need to resubmit exam score reports.

Licensed Professional Counselor applicants must submit the following required documentation:

- _____ Parts 4 and 5 of the Counseling Licensure Application Supplement.
- _____ Submit Part 6 of the Counseling Licensure Application Supplement **ONLY** if your supervisor is licensed as a behavioral health professional in another state and is not licensed as a behavioral health professional in Arizona.