



## APPLICATION FOR LICENSURE AS AN ASSOCIATE PROFESSIONAL COUNSELOR

### GEORGIA STATE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS, AND MARRIAGE & FAMILY THERAPISTS

237 Coliseum Drive, Macon, Georgia 31217

Phone: (404) 424-9966 \* [ExamBoards-Healthcare@sos.ga.gov](mailto:ExamBoards-Healthcare@sos.ga.gov)

[Board of Professional Counselors, Social Workers, and Marriage & Family Therapists | Georgia Secretary of State \(ga.gov\)](#)

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Professional Counseling in the State of Georgia.

#### **\*\*Important\*\***

**The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications will be withdrawn after sixty (60) days.**

**The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.**

**PLEASE ACCESS BOARD RULE 135-5-.01 ASSOCIATE PROFESSIONAL COUNSELOR LICENSURE REQUIREMENTS FROM OUR WEBSITE AT [Board of Professional Counselors, Social Workers, and Marriage & Family Therapists | Georgia Secretary of State \(ga.gov\)](#)**

- APPLICATION:** The application must be mailed to the Board's office at the address listed above, along with your **FEE**. All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Request official court documents to be submitted to the Board and provide an explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. The Board will review a **complete** application with all required documentation during their next available meeting. Approval of licensure is at the Board's discretion.
- NATIONAL BOARD SCORES:** All applicants are required to take and pass **either** the National Counselor Examination (NCE) **OR** the National Clinical Mental Health Counseling Examination (NCMHCE) offered by the National Board for Certified Counselors (NBCC). If you have taken and passed one of these exams, please contact the National Board's administrative offices at (336) 482-2856 or visit [www.nbcc.org](http://www.nbcc.org) to request certification of your exam score report to Georgia. If not, you will be required to take and pass one of these exams before a license can be issued. You must submit the exam fee directly to NBCC once you obtain exam approval, do not include the examination fee with your application.
- DEGREE TRANSCRIPT:** All applicants for licensure must have graduated with a master's degree primarily counseling in content from an institution accredited by a regional body recognized by the Council on Higher Education Accreditation. An **official** college transcript certifying the grades, degree conferred and the date awarded must be received in this office directly from the Registrar of the college/school. **NOTE: IF YOUR NAME HAS CHANGED SINCE YOU ATTENDED SCHOOL**, please make a note on the application advising of your former name(s) so we can match the documents with your application. If your university offers an electronic option, please have the official degree transcript submitted to [ExamBoards-Healthcare@sos.ga.gov](mailto:ExamBoards-Healthcare@sos.ga.gov).
- OTHER STATE LICENSURE CERTIFICATION:** If you are currently licensed, or have **ever** been licensed, in another state(s), please have that state(s) officially verify the license directly to the Board's office either by fax to 866-888-7127, e-mail to [verifications#@sos.ga.gov](mailto:verifications#@sos.ga.gov), or by USPS mail service to above address.
- AFFIDAVIT OF CITIZENSHIP:** Please complete the Affidavit of Citizenship and submit the notarized document with your application.
- SECURE AND VERIFIABLE DOCUMENT:** As noted on the Affidavit of Citizenship form, you must submit a secure and verifiable document such as a driver's license, passport, or other acceptable document with this application. A complete list of acceptable documents may be found at: [http://sos.ga.gov/index.php/licensing/secure\\_and\\_verifiable\\_documents](http://sos.ga.gov/index.php/licensing/secure_and_verifiable_documents).

❑ **CONTRACT AFFIDAVIT:** Please submit the five-page contract affidavit with documentation completed by your Employer (Director) and Supervisor (the person who will be providing the clinical supervision) documenting the current post-master’s directed experience and supervision being obtained. Prior experiences that have already ceased should not be reported on the Contract Affidavit. All 5 sections of the Contract Affidavit must be completed.

❑ **IMPORTANT:** Applicants, please note when accessing your application status on our website under the *Online Services* category *Check the Status of an Application*, that checklist items that have been moved over to the completed column only means that those documents have been received, it is not an indication that the documentation has been approved by the Board. This tool is to be used as an option for you to monitor your application for items received as you are going through the licensure process. Please allow five to ten business days after submission of documents for the documents to be processed into your application file. The checklist items will not be updated until the documentation is processed into the file.

Only the Georgia Composite Board of Professional Counselors, Social Workers and Marriage & Family Therapists has the authority to approve or deny an application for licensure. **Every application file must be submitted to the Board for review.** The Board meets monthly to review applications and conduct other Board business. Once your application file has been reviewed by the Board, you will receive written communication of the Board’s decision within **fifteen (15) to twenty-five (25) business days after the Board meeting.**

**New – Effective July 1, 2022**

**NATIONWIDE FINGERPRINT BACKGROUND CHECK RESULTS:**

Each applicant for licensure as an associate professional counselor by examination, examination waiver or by reinstatement of this license type shall register and provide fingerprints for a nationwide criminal background check to be conducted at the applicant’s expense. **The instructions and vendor** for the background check can be found in the document on the Board’s website (same location you downloaded this application from) and linked to on the on the Board’s homepage - “Background Fingerprint Instructions.”

- **Do not register for the background check prior to submission of your application. Fees paid may not be refundable. Register a few days after submission of the application.**
- **This background check registration is NOT required for the renewal of any license.**
- **Notify the Board of your registration for the background check: ExamBoards-Healthcare@sos.ga.gov. Staff will be checking the website and approving applicants as quickly as possible.**

\*NOTE: This is a new requirement under O.C.G.A. 43-10A-5(i) and O.C.G.A. 43-10A-8(5) Failure to comply with this requirement will delay the processing of this application for licensure and may result in the application being denied.

**PLEASE DO NOT INCLUDE THESE INSTRUCTIONS/CHECKLIST WITH YOUR APPLICATION WHEN MAILING IT TO THE BOARD OFFICE.**

**THIS CHECKLIST IS FOR YOUR USE ONLY.**



PART II - POST-MASTER'S DIRECTED EXPERIENCE UNDER SUPERVISION

See Board Rule 135-5-.02: [Board of Professional Counselors, Social Workers, and Marriage & Family Therapists | Georgia Secretary of State \(ga.gov\)](#)

Yes  No - I have completed and am submitting as part of this Application the Post-Master's Directed Experience Under Supervision Contract Affidavit found on pages 8-12 of this application. *[Please note that applicants will not be eligible for licensure until this documentation is submitted.]*

PART III - PROFESSIONAL BACKGROUND

ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS. IF "YES," TO 1 THROUGH 9, ATTACH A DETAILED EXPLANATION AND PRINT AND COMPLETE THE "CONSENT FORM FOR BACKGROUND CHECK" AND SUBMIT WITH YOUR APPLICATION (Available on the same webpage as this application)

- Yes  No 1. Are you unable to practice safely as a result of use of alcohol or other drugs?
- Yes  No 2. Have you been denied professional licensure or renewal because of a license disciplinary proceeding?
- Yes  No 3. Have you ever had a license to practice social work, counseling, marriage and family therapy, or any other profession revoked, suspended or annulled or otherwise sanctioned, including by private order, by any board or agency in Georgia or any other state, territory, or country?
- Yes  No 4. Have you been subject to disciplinary action or had your membership revoked by any professional organization?
- Yes  No 5. Have you knowingly failed to renew a license during an investigation of a disciplinary matter against you?
- Yes  No 6. To the best of your knowledge, is there any disciplinary action or investigation pending against you by any licensing board, agency, or professional organization?
- Yes  No 7. Have you ever been convicted of any criminal offense?
- Yes  No 8. Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For the purposes of this question, a "conviction" includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.

If you answered "yes," to # 8 above, you must include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident. Failure to submit all required supporting documentation may result in processing delays.

- Yes  No 9. Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?
- Yes  No 10. Do you now hold, or have you ever held a license as a counselor in any jurisdiction? If "yes" complete the following:  
Jurisdiction \_\_\_\_\_ License No. \_\_\_\_\_  
Date Issued \_\_\_\_\_ Expiration \_\_\_\_\_
- Yes  No 11. Have you previously applied for the same license for which you are currently applying? If "yes" name under which application was submitted: \_\_\_\_\_
- Yes  No 12. Have you ever served on active duty in the Armed Forces, the Reserves or the National Guard during wartime or during any conflict when military personnel were committed by the President? If "Yes," you may be eligible for Veterans' Preference Points to be added to your examination score. Submit your DD214 Form to the Board office.

**PART IV – GRADUATE EDUCATION**

- Complete this part for the graduate degree that you want the Board to consider as part of this application.
- List any additional courses you want considered as part of this Application.
- Direct the Registrar of your institution(s) to send an official copy of your transcript directly to the Board office to the address below, or by e-mail to: [ExamBoards-Healthcare@sos.ga.gov](mailto:ExamBoards-Healthcare@sos.ga.gov) .

**DEGREE**

- Master's
  Master's – Specialist (Ed.S)
  Ph.D./Ed.D

*(NOTE: Transcript MUST indicate the degree checked above has been awarded)*

Date Awarded:

Program/Major:

Name of Institution:

Street Address:

City/State/Zip:

**ADDITIONAL COURSEWORK**

COURSE TITLE AND NUMBER	INSTITUTION

**PART V – REQUIRED COURSEWORK**

- List the titles and numbers of courses from your transcript(s), which satisfy the professional counseling content area requirements.
- This must be graduate level coursework from an accredited institution to demonstrate that the degree is in **clinical counseling or counseling psychology with a total of 60 semester hours or 80 quarter hours.**
- See Board Rule 135-5-.01 for the coursework criteria.

**COUNSELING/PSYCHOTHERAPY THEORY**

INSTITUTION	COURSE #	COURSE TITLE

**COUNSELING OR APPLIED PSYCHOLOGY PRACTICUM OR INTERNSHIP**


***I - HUMAN GROWTH AND DEVELOPMENT***


***II – MULTICULTURAL COUNSELING OR DIVERSITY TRAINING***

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<b>III – COUNSELING TECHNIQUES OR SKILLS OR ADVANCED PSYCHOTHERAPY/INTERVENTION THEORY</b>		
<b>IV - GROUP DYNAMICS AND GROUP COUNSELING/PSYCHOTHERAPY</b>		
<b>V - LIFESTYLE AND CAREER DEVELOPMENT</b>		
<b>VI - APPRAISAL/ASSESSMENT OF INDIVIDUALS</b>		
<b>VII - RESEARCH METHODS AND EVALUATION OR RESEARCH STATISTICS</b>		
<b>VIII - PROFESSIONAL ORIENTATION &amp; ETHICS</b>		
<b>IX PSYCHOPATHOLOGY</b>		

**Affidavit Regarding Citizenship**

*Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.*

Print Name: \_\_\_\_\_

APC Applicant

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

1) \_\_\_\_ I am a United States citizen. **Please include a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on the Board’s website with this form.**

2) \_\_\_\_ I am **not** a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please include a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

Signature of Applicant \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

DAY OF \_\_\_\_\_, 20\_\_\_\_\_

*Notary Seal*

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_

*NOTE: Incomplete affidavit forms will not be accepted and will delay the processing of your application.*







**PART II – DIRECTED EXPERIENCE**  
**\*\*\*TO BE COMPLETED BY THE DIRECTOR\*\*\***

- The purpose of **DIRECTION** is to provide ongoing administrative oversight by an employer or superior in the practitioner's area of specialty.
- The Director is responsible for assuring the quality of the services provided and ensuring that qualified clinical supervision or intervention occurs in situations that require expertise beyond that of the applicant.
- The Director is specifically responsible for ensuring regularly scheduled reviews of applicant's compliance with the Rules of the Georgia Composite Board (Chapter 135) and all relevant federal, state, and local laws and regulations.
- **NOTE: Director and applicant must describe the content of the training experience and complete Part IV, Plan for Direction Section.**
- **FAILURE TO COMPLETE ALL SECTIONS ON THIS FORM MAY RESULT IN DELAYS IN PROCESSING YOUR APPLICATION; APPLICATION MAY BE RETURNED TO YOU FOR COMPLETION BEFORE CONTINUED PROCESSING SHALL OCCUR.**

**DIRECTOR**

NAME: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_

HOME TELEPHONE: (    ) \_\_\_\_\_

OFFICE TELEPHONE: (    ) \_\_\_\_\_

**WORK SITE**

APPLICANTS/APC LICENSEE NAME: \_\_\_\_\_

OFFICIAL JOB TITLE OF APPLICANT/APC LICENSEE: \_\_\_\_\_

NAME OF WORK SITE: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**REQUIRED:** Define the working relationship between applicant/APC licensee and this employment site:

- W-2 Employee
- 1099 Independent Contractor (Does not allow independent, private practice by APC)
- Non-Compensated/In-kind payment. You **must** attach a separate sheet describing the nature of the professional relationship in accordance with **135-5-.01(a) (6)**.

**REQUIRED:** LIST PROFESSIONAL STAFF AT EMPLOYMENT SITE (Attach a Separate Sheet, if Necessary):

	Name	Degree	License (If Applicable)	Job Title
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**AFFIDAVIT AND SIGNATURE**

I attest that I have read and understand O.C.G.A. Title 43, Chapter 10A, and Chapter 135 of the Board's Rules and I agree to comply completely with all laws of the State of Georgia and the Rules of the Composite Board governing the practice of any specialty licensed by the Board.

I do hereby affirm under penalty of perjury that all statements made, and information contained above are true and correct to the best of my knowledge and belief. Further, I hereby authorize the release of any information relating to information contained in this form that may be necessary to verify the accuracy of the information contained herein.

Signature of Director \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

My Commission Expires: \_\_\_\_\_

PART III – SUPERVISION

\*\*\*TO BE COMPLETED BY THE SUPERVISOR\*\*\*

- "SUPERVISION" is the direct clinical review, for the purposes of training or teaching, by a supervisor of interaction with a client/s in order to promote the development of clinical skills. It may include, but is not limited to, the review of case presentations, audiotapes, videotapes, and direct observation.
- The supervisor assumes complete clinical responsibility for all clients. Supervision does not require the supervisor to be present at the work site with the supervisee. Both supervisors and supervisees are required to maintain a contemporaneous record of the date, duration, type (individual, paired, or group), and a brief summary of the pertinent activity for each supervision session to be submitted to the Board upon request. If there are any discrepancies in hours, contemporaneous documentation of supervision will be requested.
- **IMPORTANT:** The requirements to be eligible to serve as a supervisor differ for Professional Counseling, Social Work and Marriage and Family Therapy. The number of hours and type (individual and/or group) of supervision is also specific to each license. See Chapter 135-5, Rules of the Composite Board for the precise requirements.
- **NOTE: SUPERVISOR and APPLICANT must complete PART V, Plan for Supervision.**

**SUPERVISOR**

APPLICANTS/APC LICENSEE NAME: \_\_\_\_\_

PRINTED NAME OF SUPERVISOR: \_\_\_\_\_

Supervisor Credentials (Required for LPC Supervisors only): ACS # \_\_\_\_\_ or CPCS # \_\_\_\_\_

Supervisor's License Type:  LPC  LCSW  LMFT  Psychologist  Psychiatrist  CRC License # \_\_\_\_\_

Date License Originally Issued: \_\_\_\_\_ Expires: \_\_\_\_\_ State: \_\_\_\_\_ Highest Earned Degree: \_\_\_\_\_

HOME TELEPHONE: ( ) \_\_\_\_\_

OFFICE TELEPHONE: ( ) \_\_\_\_\_

SUPERVISOR'S EMPLOYMENT SITE:

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

Do you have any current or prior relationship with the applicant/employee?  No  Yes If "Yes," please explain:

Do you plan to deliver any supervision via technology-assisted media?  No  Yes

If yes, have you completed the continuing education required for Tele-Mental Health Supervision per Board Rule 135-11-.01?  
 No  Yes

Please circle the type of supervision you will be providing: Individual Paired Group

If group, how many supervisees are scheduled to attend each session? \_\_\_\_\_

**AFFIDAVIT AND SIGNATURE**

I attest that I have read and understand O.C.G.A. Title 43, Chapter 10A, and Chapter 135 of the Board's Rules and I agree to comply completely with all laws of the State of Georgia and the Rules of the Composite Board governing the practice of any specialty licensed by the Board.

I attest that should I deliver supervision via technology-assisted media from one site while the supervisee is located at a distant site that I have obtained the training of a Tele-Mental Health supervisor as required per Board Rule 135-11-.01.

I do hereby affirm under penalty of perjury that all statements made, and information contained above are true and correct to the best of my knowledge and belief. Further, I hereby authorize the release of any information relating to information contained in this form that may be necessary to verify the accuracy of the information contained herein.

Signature of Supervisor Printed Name Date

Subscribed and sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public

My Commission Expires: \_\_\_\_\_

NOTARY SEAL  
08-15-2023

PART IV – TRAINING EXPERIENCE AND PLAN FOR DIRECTION

\*\*\* TO BE COMPLETED BY THE DIRECTOR \*\*\*

As Director, I understand direction means the ongoing administrative oversight by me **as an employer or superior** of this applicant’s work. As Director, I understand I am **either the employer or the administrative superior** of this applicant, and I am responsible for:

- Providing direction and oversight for this applicant.
- Ensuring the applicant is provided opportunities for progression of professional counseling skills and techniques.
- Assuring the quality of the services rendered by this applicant.
- Ensuring qualified supervision or intervention occurs in situations requiring expertise beyond that of the applicant; and,
- Ensuring work site(s) include a formal structure related to the practice of professional counseling as defined in Rule 135-5-.01(a) (1). Work site(s) must have measurable, detailed documentation for this applicant, as well as a signed contractual agreement that outlines job description, office hours, performance review procedures, and dismissal policies.

\_\_\_\_\_  
*Signature of Director*

\_\_\_\_\_  
*Signature of Applicant/APC Licensee*

As Director, I understand direction and clinical supervision are separate requirements **but must occur concurrently**. Administrative Supervision emphasizes conformity with administrative and procedural aspects of a work site(s). Clinical supervision emphasizes improving and developing counseling skills of the applicant.

\_\_\_\_\_  
*Signature of Director*

\_\_\_\_\_  
*Signature of Applicant/APC Licensee*

As Director, I understand “non-compensated” experiences or services will be reviewed on a case by case basis to determine acceptability in defining the working relationship for the purposes of obtainment of the required directed work experience, and I understand the agreement between the work site and the candidate should be akin to employment.

\_\_\_\_\_  
*Signature of Director*

\_\_\_\_\_  
*Signature of Applicant/APC Licensee*

As Director, I understand the applicant may, at the discretion of the Board, be required to submit documentation to ensure compliance and understanding of these requirements regarding the directed experience site(s), and substantiating:

- The nature of the working relationship with the applicant.
- The formal structure of the organization.
- Any other licensed or associate licensed individuals working within the organization.

As Director, **I agree to comply with each of these requirements and understand that an inability to do so will result in disqualification of the directed hours accrued for the applicant.** I certify each statement is true and correct to the best of my knowledge:

Provide a brief description of the professional counseling services this Applicant/APC will provide to the public:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By my signature below, I affirm the above to be true:

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/APC Licensee

\_\_\_\_\_  
Date

**(Both Director and Applicant/APC Licensee MUST sign)**

PART V – PLAN FOR SUPERVISION

To be completed by the Supervisor and Applicant/APC Licensee

- Contract affidavit must specify the number of hours per week to meet the minimum thirty-five (35) hours required per year.

Applicant/APC Licensee (printed name) \_\_\_\_\_ will receive \_\_\_\_\_ hours of supervision per week.

Both supervisors and supervisees are required to maintain a contemporaneous record of the date, duration, type (individual, paired, or group), and a brief summary of the pertinent activity for each supervision session to be submitted to the Board upon request. If there are any discrepancies in hours, contemporaneous documentation of supervision will be requested.

By initialing each statement below, I certify each statement is true and correct to the best of my knowledge:

SUPERVISOR AGREES TO:

- Ensure compliance with current Georgia Composite Board of Professional Counselors, Social Workers, and Marriage & Family Therapist Rules.
Provide ongoing, clinical supervision in a professional setting.
Ensure that supervision of the supervisee is compliant with Board rules 135-5-.01, 135-5-.02 and 135-11-.01.
Discuss and review case notes, charts, records, and available audio or video for clients with the applicant.
Review and closely supervise the applicant and all problem cases, providing special attention to assessments, treatment planning, ongoing case management, emergency intervention, record keeping, and termination.
Focus on the appropriateness of the treatment plans and monitor the appropriateness of clients served based on the applicant's therapeutic skill. Direct the applicant to refer clients who fall beyond their level of competence.
Maintain confidentiality of all client and supervisory materials.
Review the Georgia licensing laws (OCGA 43-10A), Board rules (135-5), and Code of Ethics (135-7) with applicant.
Seek timely clarification/consultation from the Board if there are any problems or conflicts between commitments to agency, administrative supervisor, and client or other conflicts relating to the authority, or shared responsibility for fulfilling the responsibilities under this Plan.
Establish and maintain a record-keeping system to track the direct client contact and supervision hours. Supervisor will be prepared to provide supporting documentation verifying the accuracy of information reported, if requested by Board.
Notify the Board in writing of any changes to supervisor's business address and phone number or change in credential status.
Notify the Board in writing of any interruption or proposed termination of the plan.

APPLICANT/APC LICNSEE AGREES TO: (Applicant/APC Licensee MUST initial each statement below)

- Abide by the Code of Ethics for Counselors and Therapists as specified in Board rule: Code of Ethics 135-7.
Establish and maintain a record keeping system to track the direct client contact and supervision hours. Applicant must be prepared to provide supporting documentation verifying the accuracy of information reported, if requested by Board.
Submit requests to change or modify the "Work and/or Supervision Plan" to Board prior to implementing changes by submission of a new Contract Affidavit.
Ensure supervisor has authority to review records, determine appropriateness of records, direct referrals of inappropriate clients, determine caseload, and report to Board.

Signature of Supervisor Date

Signature of Applicant/APC Licensee Date

(Both Supervisor and Applicant/APC Licensee MUST sign)