



CANNON BUILDING  
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STATE OF DELAWARE  
**BOARD OF MENTAL HEALTH AND CHEMICAL  
DEPENDENCY PROFESSIONALS**

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**PLANNED PROFESSIONAL COUNSELING EXPERIENCE**

**INSTRUCTIONS**

**Upload this document when you submit your application or Service Request to *Manage Affiliations***

An administrative supervisor completes the **PLANNED PROFESSIONAL COUNSELING EXPERIENCE** form to document estimated additional hours of professional counseling experience that the applicant will accrue while **not** under the direct supervision of an approved clinical supervisor.

**Remember that these *additional* experience hours, when added to the 1,600 or more hours of *direct* supervision verified by the approved clinical supervisor(s), must total *at least* 3,200 hours. *The LACMH must complete all of the required hours in a period of not less than two but no more than four consecutive years.***

Applicant Name: \_\_\_\_\_  
Last First Middle

**INFORMATION ABOUT PERSON VERIFYING EXPERIENCE – To be completed by *Administrative Supervisor* only**

1. Name: \_\_\_\_\_  
Last First Middle

2. Practice Name Where Experience Will Occur: \_\_\_\_\_

3. Describe Practice: \_\_\_\_\_

*Examples include group practice, community mental health agency.*

4. Practice Address: \_\_\_\_\_

City

State

Zip

5. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EXPERIENCE HOURS**

6. Enter the period when you will supervise the LACMH: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

***This period must  
not span more than  
four years.***

7. Calculate and enter the total number of hours of professional counseling experience that the applicant will engage in during this period while **not** under direct supervision of an approved clinical supervisor: \_\_\_\_\_

***Answers such as "40  
hours/week" will not be  
accepted.***

**CERTIFICATION**

**I certify that I have personally completed this information and that the information provided herein is accurate and complete to the best of my knowledge.**

***Administrative Supervisor Signature:*** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Upload this document when you submit your application or Service Request***