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STATE OF DELAWARE

**BOARD OF MENTAL HEALTH AND CHEMICAL  
DEPENDENCY PROFESSIONALS**

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**PLANNED DIRECT SUPERVISION**

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

The proposed clinical supervisor completes this **PLANNED DIRECT SUPERVISION** form to document hours that he or she will be directly supervising an LACMH. The following supervision information applies:

- **Professional direct supervision** is face-to-face consultation, on a regularly scheduled basis, between a supervisee and a Licensed Professional Counselor of Mental Health (LPCMH) or other behavioral health professional approved by the Board. The services rendered must be consistent with the supervisee's education, training and experience.
- The applicant must complete a total of **at least 1,600 hours of post-Masters direct mental health counseling experience** while under the **direct supervision** of one or more **approved clinical supervisors**.
  - At least 1,500 of the 1,600 hours must be actual face-to-face direct mental health counseling services. Of the 1,500 hours, at least 750 hours must be individual face-to-face client sessions and must include actually providing direct mental health counseling services. The other 750 hours may be individual, group, couple or family counseling services or some combination of those services.
  - At least 100 hours **must be** face-to-face professional direct supervision with your supervisor. Face to face supervision includes both in person and live video conferencing. Live video conferencing **must not exceed** 50 percent of the total 100 hours of supervision.
    - *Individual Direct Supervision must be* one to one, face to face meetings between the you and your supervisor. The entire 100 hour requirement may be fulfilled by individual supervision.
    - *Group Supervision must be* face to face meetings between the supervisor and no more than six supervisees. No more than 40 hours of group supervision shall be acceptable towards fulfillment of the 100 hour direct supervision requirement.
- **If the proposed supervisor is not licensed in Delaware, submit a verification of licensure history for the supervisor showing at least five years of post-licensure.**

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 CLINICAL SUPERVISOR - To be completed by *Clinical Supervisor* only**

- Supervisor Name: \_\_\_\_\_  
Last First Middle
- Supervisor's Practice Name (if applicable): \_\_\_\_\_
- Practice Address: \_\_\_\_\_  
City State Zip

- Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- Are you a Delaware-licensed LPCMH? Yes  No  If yes, enter your license number: PC - \_\_\_\_\_  
**If no, SKIP to Question 9. If yes, continue to Question 6.**
- Have you practiced for two years post-licensure in any jurisdiction? Yes  No
- Are any disciplinary proceedings or unresolved complaints pending against your license? Yes  No
- Is your license currently in good standing? Yes  No  **SKIP to the DIRECT SUPERVISION HOURS section.**
- If your answer to Question 5 is **NO**, enter the following information about your professional licensure **and** complete Question 10:

✓	LICENSE(S) HELD (check all that apply)	JURISDICTION	LICENSE #	ISSUE DATE
<input type="checkbox"/>	Professional Counselor of Mental Health			
<input type="checkbox"/>	Clinical Social Worker			
<input type="checkbox"/>	Marriage and Family Therapist			
<input type="checkbox"/>	Psychologist			
<input type="checkbox"/>	Psychiatrist			
<input type="checkbox"/>	Advanced Practice Registered Nurse			

10. I certify that :

<input type="checkbox"/>	I have at least five years of post-licensure experience in good standing. <b>Submit official verification of your license from that jurisdiction.</b>
<input type="checkbox"/>	I have read and understand with the requirements for licensure in Delaware.
<input type="checkbox"/>	I have read and understand the statutes, rules and regulations of the Delaware Board of Professional Counselors of Mental Health and Chemical Dependency Professionals, <a href="#">24 Del. C. §3001-3064</a> .

**DIRECT SUPERVISION HOURS**

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

11. Enter the dates of planned post-Master's clinical experience that the applicant will provide under your direct supervision: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year
12. During the period entered above, how many total hours of face-to-face professional direct supervision will you provide to the applicant? \_\_\_\_\_ Of this total, enter the breakout:  
 Individual supervision hours: \_\_\_\_\_ Group supervision hours: \_\_\_\_\_
13. During this period, how many hours of individual face-to-face direct client contact will the applicant provide under your direct supervision? \_\_\_\_\_ **(At least 750 of the 1,500 hours of direct mental health counseling experience must be individual face-to-face client sessions.)**
14. During this period, how many hours of group, couple, or family face-to-face direct client contact will the applicant provide under your direct supervision? \_\_\_\_\_ **(Must not exceed 750 hours)**
15. Describe the clinical activities in which the applicant will participate. (Examples include clinical assessments, crisis interventions, and individual/group counseling.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
16. I attest that I have discussed the following with the applicant before completing this form. Answer each question. **If you answer 'NO' or 'N/A' to any question, enclose a written statement explaining why.**

I have explained to the applicant that I have the training, credentials, and competence to provide supervision in Delaware.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have discussed my role and responsibilities with the applicant. These include:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
• Evaluating the applicant's clinical competence and preparedness to practice independently	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
• Ensuring that the applicant practices within the professional and ethical standards of the field	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
• Ensuring that the applicant is aware of the rules and regulations for practicing independently in Delaware	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have discussed a contingency plan for dealing with emergencies and crises.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have explained my model and style of supervision to the applicant.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have reviewed the supervisory feedback process, including performance appraisal, evaluation feedback, documentation, and feedback intervals.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have explained how I will assess the applicant's comprehension of ethical, legal, and professional requirements.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have ensured that the appropriate liability coverage is in place for the applicant and for myself.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have developed a process to address any issues or concerns regarding the applicant's performance, including the utilization of a third-party to remediate any performance issues, consultation for additional assistance, or options to address concerns.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have explained my role in endorsing the applicant for licensure or employment based on the applicant's demonstrated competence and qualifications and that I will not endorse an applicant whom I believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have explained to the applicant that I have the training, credentials, and competence to provide supervision to a LACMH/LAMFT pursuant to the regulations of Delaware Board of Mental Health and Chemical Dependency Professionals.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have the ethical and legal authority to access confidential client information of the supervisee. Note: For supervisors who are not employees of the clinical setting where the supervisee is seeing clients a written agreement between the supervisor and agency should be executed.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

**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.**

**Clinical Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_