



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

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