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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

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

1. Supervisor Name: _____ _____ _____
   Last First Middle
2. Supervisor's Practice Name (if applicable): _____
3. Practice Address: _____

   _____ _____ _____
   City State Zip
4. Phone: _____ Email: _____
5. 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.
6. Have you practiced for two years post-licensure in any jurisdiction? Yes ☐ No ☐
7. Are any disciplinary proceedings or unresolved complaints pending against your license? Yes ☐ No ☐
8. Is your license currently in good standing? Yes ☐ No ☐ **SKIP to the DIRECT SUPERVISION HOURS section.**
9. 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
☐	Professional Counselor of Mental Health			
☐	Clinical Social Worker			
☐	Marriage and Family Therapist			
☐	Psychologist			
☐	Psychiatrist			
☐	Advanced Practice Registered Nurse			

10. I certify that :

☐	I have at least five years of post-licensure experience in good standing. ***Submit official verification of your license from that jurisdiction***.
☐	I have read and understand with the requirements for licensure in Delaware.
☐	I have read and understand the statutes, rules and regulations of the Delaware Board of Professional Counselors of Mental Health and Chemical Dependency Professionals, 24 *Del*. C. §3001-3064.

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 ☐ No ☐ N/A ☐
I have discussed my role and responsibilities with the applicant. These include: • Evaluating the applicant's clinical competence and preparedness to practice independently • Ensuring that the applicant practices within the professional and ethical standards of the field • Ensuring that the applicant is aware of the rules and regulations for practicing independently in Delaware	Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A ☐
I have discussed a contingency plan for dealing with emergencies and crises.	Yes ☐ No ☐ N/A ☐
I have explained my model and style of supervision to the applicant.	Yes ☐ No ☐ N/A ☐
I have reviewed the supervisory feedback process, including performance appraisal, evaluation feedback, documentation, and feedback intervals.	Yes ☐ No ☐ N/A ☐
I have explained how I will assess the applicant's comprehension of ethical, legal, and professional requirements.	Yes ☐ No ☐ N/A ☐
I have ensured that the appropriate liability coverage is in place for the applicant and for myself.	Yes ☐ No ☐ N/A ☐
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 ☐ No ☐ N/A ☐
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 ☐ No ☐ N/A ☐
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 ☐ No ☐ N/A ☐
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 ☐ No ☐ N/A ☐

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: _____**