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STATE OF DELAWARE

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

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**COUNSELING EXPERIENCE VERIFICATION – EMPLOYMENT
PROFESSIONAL COUNSELOR OF MENTAL HEALTH**

INSTRUCTIONS

This form is **not** required for applicants applying by reciprocity.

The purpose of this form is to verify the hours of post-Masters mental health counseling that an employed applicant provided **in addition to** the mandatory minimum 1600 hours under direct clinical supervision of an *approved* or *acceptable* supervisor.

Please follow these instructions for completing this form. **Incomplete or incorrectly completed forms delay processing of the application.** The clinical or administrative supervisor must complete the entire form, sign it and mail it *directly* to the Board office at the address above. Forms not received *directly* from the supervisor will not be accepted.

In completing this form, the following applies:

- Applicants **must** complete *at least* 3,200 hours of mental health counseling services over a period of **at least two but not more than four consecutive years.**
- Of the required 3,200 hours of total experience, *at least* 1,600 hours **must** be completed under the direct clinical supervision of an *approved* or *acceptable* supervisor.
 - An approved supervisor is a Licensed Professional Counselor of Mental Health
 - An acceptable supervisor **must** be Board-approved, which could be a Licensed Behavioral Health Professional (Marriage and Family Therapist, Clinical Social Worker, Clinical Psychologist, Advanced Practice Nurse or Physician) **with** a specialty or expertise in a clinical competency essential to the applicant's training.
 - **Certified school counselors and certified school psychologists are not approved clinical supervisors.**

Hours of direct clinical supervision are verified on the *Direct Supervision Reference* form. Do **not** enter direct clinical supervision hours on *Counseling Experience Verification* forms.

- For hours provided while self-employed, use the *Counseling Experience Verification Form-Self Employment*.
- All 3,200 hours, including the mandatory minimum 1,600 hours of direct clinical supervision, must be provided over a period of **at least two but not more than four consecutive years.**

Section 2.4 of the Board's [Rules and Regulations](#) explains the supervision requirements.

MAIL THIS DOCUMENT DIRECTLY TO THE BOARD OFFICE. ENTER YOUR APPLICATION ID: _____

1. Applicant Name: _____
Last First Middle

INFORMATION ABOUT SUPERVISOR

2. Supervisor Name: _____
Last First Middle

3. Check type of supervision you provided to the applicant: Clinical Administrative

4. Supervisor's Practice Name (if applicable): _____

5. Practice Address: _____

City State Zip

6. Phone: _____ Email: _____

VERIFICATION OF COUNSELING HOURS

7. Enter the period when you supervised the applicant:

From _____ To _____
Month/Year Month/Year

This period must not span more than four years.

8. During this period, how many total hours of mental health counseling did the applicant provide ***while not under direct supervision of an approved clinical supervisor?*** _____

Calculate and enter a total number of hours. Answers such as "40 hours/week" will not be accepted.

9. Describe the practice, agency, or setting where the applicant worked during the period above. (Examples include group practice, community mental health agency, etc.)

CERTIFICATION

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

Supervisor Signature: _____ **Date:** _____