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

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## COUNSELING EXPERIENCE VERIFICATION FORM – SELF-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 return it to the applicant who will upload it with their application in DELPROS.

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 the applicant was employed, use the *Counseling Experience Verification Form- Employment*.
- The person completing this form to attest to the applicant's experience **must** be a professional colleague, supervisor or other individual who has personal knowledge of the applicant's professional practice while self-employed. This person **cannot** be the applicant's spouse, former spouse, parent, step-parent, grand-parent, child, step-child, sibling, aunt, uncle, cousin or in-law.
- 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.

**APPLICANT – UPLOAD THIS DOCUMENT WITH YOUR APPLICATION IN DELPROS.**

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

### INFORMATION ABOUT PERSON ATTESTING TO EXPERIENCE

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

2. Do you have personal knowledge of the extent of the applicant's professional practice while he or she was self-employed? Yes  No  If yes, explain your professional relationship to the applicant: \_\_\_\_\_

3. Are you related to the applicant as a spouse, former spouse, parent, step-parent, grand-parent, child, step-child, sibling, aunt, uncle, cousin or in-law? Yes  No  If yes, specify relationship: \_\_\_\_\_
4. Your Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip
5. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EXPERIENCE HOURS**

6. Enter the period of the applicant's experience of which you have personal knowledge:

From \_\_\_\_\_ To \_\_\_\_\_  
 Month/Year Month/Year

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

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

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

**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.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_