CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

BOARD OF MENTAL HEALTH AND CHEMICAL DEPENDENCY PROFESSIONALS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

DIRECT SUPERVISION REFERENCE
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 applicant has provided while under the ***direct supervision*** of a ***Board-approved clinical supervisor***.

Please follow these instructions for completing this form. ***Incomplete or incorrectly completed forms delay processing of the application.*** The clinical supervisor must complete the entire form (excluding the applicant name), sign it and return it to the applicant.

In completing this form, the following 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.
- 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, t*he 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* ***Board-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 two years of post-licensure. All supervisors must demonstrate that they have been licensed for at least two years prior to the provision of supervision.**

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 CLINICAL SUPERVISOR

2. Supervisor Name: _____ _____ _____
   Last First Middle

3. Provide the following information about your professional licensure:

✓	LICENSES HELD (check all that apply)	JURISDICTION	LICENSE #	ISSUE DATE
☐	Professional Counselor of Mental Health			
☐	Clinical Social Worker			
☐	Marriage and Family Therapist			
☐	Clinical Psychologist			
☐	Psychiatrist			
☐	Other:_____			

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

5. Practice Address: _____

_____ _____ _____
City State Zip

6. Phone: _____ Email: _____

DIRECT SUPERVISION HOURS

7. Did you provide ***direct supervision,*** as defined above, to the applicant? Yes ☐ No ☐ If no, skip to the **Signature**.

8. Enter the dates of post-Master's clinical experience that the applicant provided while under your direct supervision:

   From _____ To _____
   Month/Year Month/Year

   This period must span not less than two years and not more than four years.

9. During this period, how many total hours of mental health counseling did the applicant provide while under your direct supervision?

   _____

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

10. During this period, how many total hours of face-to-face, individual (one-on-one) supervision did you provide to the applicant? _____

11. During this period, how many total hours of face-to-face, group supervision did you provide to the applicant?

    _____

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.

Clinical Supervisor Signature: _____ Date: _____