LPC EVALUATION OF SUPERVISED EXPERIENCE

Name of Supervisee: _____

Board Approved Supervisor: _____

Is the Board Approved LPC Supervisor also acting as the Board Approved On-site Supervisor? Yes: ☐ No: ☐

Name of Candidate's Employing Agency: _____

Was 100% percentage of experience listed below accrued in accordance with §59-1902 (3)(4)(5)(6)(7)? Yes: _____ No: _____

On a scale of 1-5, please provide the supervisor's rating of the supervisee's professional activity: _____

Work Week Beginning Date	Date(s) met with Supervisor	Dates of Observation (Live or Taped)	Date of Supervisor Consult w/ On-site	Total Face-to-Face Supervision Hours GRP	IND	Total Direct Client Contact Hours	Total Supervised Experience Hours
			TOTAL:				

CANDIDATE SIGNATURE: _____ **Date:** _____

SUPERVISOR(S) SIGNATURE(S): _____ **Date:** _____

Additional Signature(s) (Optional, use only if applicable):

If the candidate was supervised by more than one supervisor during this 6-month period, you may add as many signatures as required to page one of this evaluation form. You may also use to space below for any additional required signatures:

SUPERVISOR SIGNATURE:_____ **Date:** _____

SUPERVISOR SIGNATURE:_____ **Date:** _____

Supervision Rules and Regulations:

Please refer to Subchapter 11 of the Regulations to review all Supervised Experience Requirements. You may download the Regulations from the Board's website at www.ok.gov/behavioralhealth.

Additional Supervisor comments (Optional, use only if applicable):