

Supervision of Supervision Information Form

Name: _____ Date: _____

Phone number(s): (Work) _____ (Mobile) _____

(Home) _____ Email Address: _____

Mailing Address:

Employment Information

Place of Practice: _____

Type of setting: (agency, private) _____

Administrative supervisor or employer's name: _____

Phone number: _____ Email address: _____

Position title and duties: (or attach a job description): _____

Mailing Address: _____

If in private practice, name and phone numbers of any additional supervisor or any other person(s) with access to clients / records: _____

Education Credentials

Degrees: (degree, date of completion, name of academic institution(s):

Credentials / Licenses (license name, issue date, current status):

Are you currently working toward additional licenses / certifications?

Oregon Board of Licensed Professional Counselors and Therapists information

OBLPCT registration number: _____ Current expiration date: _____

Supervision Registry status: _____

Approved Supervisor status (currently anticipated date of approval): _____

Liability Insurance Information

Current insurance carrier: _____

Policy number: _____

Coverage duration: _____

Ethical Violations

Use this form or attach information to describe details of any history of complaints, grievances, or ethical violations involved in your practice, as well as the outcome of each of those situations (both in training programs and through career)

Additional Information

Please attach a resume or employment history.

Emergency Contact person (Name / contact information): _____
