



North Carolina Board of Licensed Professional Counselors Quarterly Supervision Report

[To be filed for LPCAs with approved supervision contracts.]

Indicate to which LPC Associate this quarterly supervision report applies:

LPC Associate Name: _____ LPCA (# _____)

Confidentiality Note - The information submitted in this contract is privileged and confidential, and is intended solely for use by the North Carolina Board of Licensed Professional Counselors. N.C.G.S. §132-1.2.

INSTRUCTIONS: REPORTS MUST BE MAILED—NO FAXES OR EMAILS

1. **PRINT** or **TYPE** using **BLACK** Ink to complete this quarterly supervision report.
2. **ALL SECTIONS** must be completed or the quarterly supervision report will be returned.
3. The quarterly supervision report should be mailed to the **NCBLPC Board Office at: NCBLPC, PO Box 1369, Garner, NC 27529**

I. GENERAL INFORMATION - (*Supervisor Information.*)

Supervisor's Name (Last, First, Middle): _____

Mailing Address (Name of Workplace, Street and/or Box Number, City, State, Zip Code): _____

Business Phone: _____

Email Address: _____

Mobile Phone: _____

II. SUPERVISION - *To be completed by supervisor.*

Supervision Period: Year: ____ **For a Partial Quarter:** Begin Date (m/d/yr) _____ End Date (m/d/yr) _____

Full Quarters: Quarter 1 (1/1—3/31) Quarter 2 (4/1 - 6/30) Quarter 3 (7/1 - 9/30) Quarter 4 (10/1 - 12/31)

Modality of Supervision Used (check all that apply):

Direct (Live) Observation/Supervision Co-therapy Audio Recording Video Recording

Supervised Professional Practice and Clinical Supervision:

Supervised Professional Practice (as defined in Rule .0208): _____

Total # Hours **Indirect** Counseling: _____

(no less than 8 hours per week, no more than 40 per week)

Total # Hours **Direct** Counseling: _____

Individual Clinical Supervision (as defined in Rule .0210): _____

Total # Hours: _____

(no less than 1hr per 40 hrs worked)

Group Clinical Supervision (as defined in Rule .0211): _____

Total # Hours: _____

(no less than 1hr per 40 hrs worked)

I verify that the above information is accurate. The focus of the documented supervision sessions was based on raw data from clinical work which was made available to the supervisor through such means as direct (live) observation, co-therapy, audio and video recordings, and live supervision. The clinical supervision included a minimum of one hour of individual or one and half hours of group clinical supervision per 40 hours of counseling practice.

Supervisor's Signature: _____ Date: _____

Supervisee's Signature: _____ Date: _____

Important Reminders:

- If not receiving supervision, it shall be the responsibility of the Licensed Professional Counselor Associate to report such to the Board.
- A report shall be submitted to the Board within two (2) weeks of termination of supervision and within two (2) weeks of a change in the conditions specified in the supervision contract form on file with the Board.
- A log of clinical supervision hours will be maintained that includes the date; supervision start and stop times; the modality of supervision to be provided, such as direct (live) observation, co-therapy, audio and video recordings, and live supervision, as defined by Rule .0208; and notes on recommendations or interventions used during the supervision.
- The supervisor shall be available for consultation with the Board or its committees regarding the supervisee's competence.