Bureau of Professional Licensing
PO Box 30670 ● Lansing, MI 48909
Telephone: (517) 241-0560
www.michigan.gov/bpl
BPLHelp@michigan.gov

COUNSELING WORK EXPERIENCE

Authority: 1978 PA 368

This form must be submitted directly to this office by your supervisor. If this form is submitted by the applicant, it will not be accepted.

Section of Form to be Completed by Applicant:

Applicant's Name (First, Middle, Last)	Date of Birth
Telephone Number	Limited License Professional Counselor #

Remainder of Form to be Completed by Supervisor:

Name of Agency		
Address of Agency		
City	State	Zip Code

CERTIFICATION AND SIGNATURE

I certify the applicant named above practiced counseling under my supervision from _____ (Month/Day/Year) to _____ (Month/Day/Year) for a total of _____ hours including _____ hours in my immediate physical presence. I also certify I have received training in the function of supervision pursuant to Administrative Rule 338.1757, I was available on a regularly scheduled basis to review the practice of the applicant, to provide consultation, to review records, to further educate the applicant and there was continuous availability of direct communication in person or by radio, telephone or telecommunication.

_____ Signature of Supervisor

_____ Date

_____ Print or Type Name of Supervisor

(Seal) If hospital has no seal, please indicate.

_____ Michigan Permanent ID Number, if applicable

_____ State licensed, if not Michigan

_____ Type of License or Certificate