



Bureau of Professional Licensing
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COUNSELING WORK EXPERIENCE

Authority: 1978 PA 368

This form should be uploaded by the applicant to their pending licensing application after it is completed by the supervisor.

Section of Form to be Completed by Applicant:

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

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 _____ to _____
 (Month/Day/Year)
 _____ for a total of _____ hours including _____ hours in my immediate
 (Month/Day/Year)
 physical presence or via 2-way real-time audiovisual technology that allows direct, contemporaneous interaction by sight and sound between the supervisor and the supervisee. I also certify I have received training in the function of supervision pursuant to Administrative Rule 338.1781 and conducted supervision pursuant to applicable statutes and administrative rules. 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

 Michigan LPC License Number, if applicable

 State licensed, if not Michigan Type of License or Certificate