



Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI 48909
 Telephone: (517) 335-0918
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 _____ to _____
 (Month/Day/Year)
 _____ for a total of _____ hours including _____ hours in my immediate
 (Month/Day/Year)
 physical presence and _____ hours 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 Permanent ID Number, if applicable

 State licensed, if not Michigan

 Type of License or Certificate