



Janet T. Mills
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
BOARD OF COUNSELING PROFESSIONALS LICENSURE
76 NORTHERN AVENUE
GARDINER, MAINE 04345

Anne L. Head
Commissioner

PROPOSED SUPERVISION PLAN

Supervisee Information	
Name:	License Number:
Proposed Supervisor & Supervision Plan Information <i>(To be completed by proposed supervisor)</i>	
Name:	Title:
License Number:	Initial License Issue Date:
Are you related to, living with, and/or having a personal relationship with the supervisee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your professional licenses currently under suspension or probation? <i>(If you answered "yes" to either question above you are not currently eligible to be an approved supervisor)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved supervisors must currently hold a full, active, Maine qualifying license type (LCPC, LMFT, Pastoral Counselor, LCSW, CSWIP, Psychologist or Psychiatrist) and meet one of the criteria below:	
Have you held a qualifying license type for at least 5 years, with at least 3 of these years at the full licensure level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a certification by a national professional organization in training or supervision? <i>(documentation required)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed 30 contact hours of training in supervision and held a full qualifying license type for at least 1 year? <i>(documentation required)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed supervisors must submit a typed and signed statement, on letterhead, detailing all of the following:	
<ul style="list-style-type: none"> Goals and objectives of proposed supervision plan. Supervision experience and trainings received in counseling supervision. Supervision philosophy and orientation. 	
Will this supervision be clinical in nature? <i>"Clinical" is defined as the diagnosis and treatment of mental health disorders.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pursuant to Board Rules upon the termination of a supervision plan or upon the completion of the supervisee's licensed supervised work experience and supervision hour requirements, the supervisor shall complete the required supervisor's affidavit and letter and give a copy of these documents to the supervisee.	
Signatures	
I attest that the information provided on this form is verifiable, factual, and accurate to the best of my knowledge.	
Supervisee Signature:	Date:
Proposed Supervisor Signature:	Date: