



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Counseling Professionals Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

SUPERVISOR'S AFFIDAVIT

To be completed by supervisor in accordance with Chapters 2 through 6 of the Board's Rules

Check one: <input type="checkbox"/> New Applicant <input type="checkbox"/> Conditionally licensed			
Name of Applicant:			
Name of Approved Supervisor:		Supervisor's License Title:	Supervisor's License Number:
State of Licensure:	Original Date:	Expiration Date:	Years in Practice:
Facility or Agency:		Telephone (include area code):	
Mailing Address:			
City:	County:	State:	Zip Code:
IN WHICH SPECIALTY AREA: (Please check) Clinical Professional Counselor <input type="checkbox"/> Marriage and Family Therapist <input type="checkbox"/> Professional Counselor <input type="checkbox"/> Pastoral Counselor <input type="checkbox"/>		SUPERVISION: (List number of hours): Individual _____ Group Supervision _____ Total number of supervision hours _____	
SUPERVISED EXPERIENCE (List number of hours)* Hours of direct counseling with individuals _____ couples _____ families _____ groups _____ Total hours of direct counseling _____ Supervised experience in counseling other than the direct provision of counseling _____ Total number of hours of supervised experience _____			
On the supervisor's stationary, signed and dated, please comment on the following: 1. Please describe the applicant's functions in terms of prevention, diagnosis and treatment of mental illness/disorders and psychosocial treatment. (For the clinical licenses only – LCPC, LMFT, Pastoral). 2. Please state briefly the licensee's personal character, ethical conduct, and competence. 3. Please comment on the licensee's ability to function as a counselor (i.e. strengths and weaknesses).			
I HEREBY ATTEST THAT THE ABOVE-NAMED APPLICANT IS/WAS UNDER MY SUPERVISION FROM THE PERIOD OF _____ TO _____. I ALSO ATTEST THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.			
Supervisor's Signature: _____		Date: _____	
Applicant's Signature: _____		Date: _____	