FIELD SITE SUPERVISOR REGISTRATION: CLINICAL MENTAL HEALTH /COMMUNITY COUNSELING

PLEASE PRINT ALL INFORMATION. *This document must accompany the field placement contract and be filed withthe instructor at the 1st class meeting.*

Counselor Trainee:_____ Semester/Year:_____

☐ Practicum ☐ Internship I ☐ Internship II Effective from___/____/____through_____/____/_____

SITE INFORMATION

Placement Site (Agency):_____

Address: _____

Name of Agency Director: _____

FIELD SITE SUPERVISOR INFORMATION

Name: _____

Agency: _____

Address: _____

Office phone:_____ Emails:_____

Highest degree earned: ☐ EdD ☐ PhD ☐ MS ☐ MEd ☐ Other (specify) _____

Year degree earned:_____Discipline (e.g., counseling, psychology) _____

Supervisor Credentials: ☐ Texas Certified School Counselor, certification #: _____

☐ Texas LPC, license #_____ ☐ NCC, certification #: _____

☐ LMFT, license #_____ ☐ LP, certification #: _____

☐ LCSW, license #_____ ☐ Texas LPC-S, license # _____

Other? _____

Supervisor's years of experience appropriate to this setting? _____

NOTE: A qualified field site supervisor is a minimum of a master's degree in counseling or a related profession with equivalent qualifications, a minimum of two years of pertinent professional experience (post-master's), including appropriate certifications and/or licenses*.