



# Counselor, Social Worker & Marriage and Family Therapist Board

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## Professional Counselor Clinical Resident Application

### Instructions to applicant:

1. Make additional copies of this form in the event you have more than one supervisor during the supervised practice time required for licensure.
2. Individuals who are registering experience with the Ohio Counselor, Social Worker and Marriage & Family Therapist Board must have a master's degree or Ph.D. in **Counseling**. Be certain your program meets this requirement as specified in board rule 4757-13-03. Degrees in psychology, social work and marriage and family therapy are not considered degrees in counseling.
3. Individuals with a master's degree in counseling must have a total of two years (1500 hours per year) after licensure as a PC (Professional Counselor). Individuals with a Doctorate must have two years of experience, one year (1500 hours) may be in an approved doctoral internship and at least one year (1500 hours), which must be completed after the degree is conferred.
5. During the training period, you must refer to yourself as a **Professional Counselor/Clinical Resident (PC-CR)**. You must hold a valid Professional Counselor License in order to use the PC/Clinical Resident title.
6. You must have one hour face-to-face supervision for each 20 hours of work.
7. All supervised experience for licensure must be documented as specified in board rule 4757-17-01.

### Part A: To be completed by supervisee

1. Name:			
2. Street Address:		City:	State:
			Zip:
3. Email:		Daytime Phone:	CR or CT #:
4. Name of supervisor:		Title:	
is this a new supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address of supervisor:		Daytime Phone Number:	
		Email:	
5. If completing initial application, OR if changing or adding a site, please complete the following: Name, address & scope of practice of setting where supervision is taking place:		Is this a changed or added site? <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Dates of supervision at this setting in month/day/year format: (11/15/2011)

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

7. Describe the duties you plan to perform. Per rule 4757-13-03(A)(3)(a) At least fifteen hundred hours of work, by the applicant, of which a minimum of fifty per cent of the work consists of face-to-face client contact involving the delivery of clinical counseling services, which include the diagnosis and treatment of mental and emotional disorders.

8. Do you hold any other licenses or certifications?  Yes  No

LIC/CERT #

ISSUE DATE

EXPIRATION DATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

9. **Memo of Understanding:** I have read the counselor licensure law and understand the rules and regulations that pertain to Professional Counselor/Clinical Resident. I understand that I will have to submit the application and fee for the PCC after satisfactory completion of the supervision hours. I further understand that any person who knowingly makes a false statement on the registration form is guilty of falsification under section 2921.13 of the Ohio Revised Code, a misdemeanor of the first degree.

\_\_\_\_\_  
Signature of Clinical Resident

\_\_\_\_\_  
Date

**Part B: To Be Completed by the Training Supervisor: Remember - A board approved supervisor shall not supervise more than six supervisees who are registered at one time with this board.**

Instructions to supervisor: After completing this form, please return it to the supervisee who is responsible for sending it to the Board.

1. Are you a Licensed Professional Clinical Counselor?

Yes  No If yes, what is your license number and expiration date\_\_\_\_\_

2. Do you hold a supervising counselor designation?  Yes  No

3. If you are not a licensed counselor, what license do you hold?

License\_\_\_\_\_ State\_\_\_\_\_ License Number\_\_\_\_\_

4. Does the scope of your practice include the diagnosis and treatment of mental & emotional disorders?

Yes  No

5. What duties will the CR have and does it include diagnosis and treatment?

6. I have reviewed the clinical resident's statements: **Only need if initial application or new-additional supervisor**

They  (are)  (are not) Accurate

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date