



Counselor, Social Worker & Marriage and Family Therapist Board

50 West Broad St, Suite 1075

Columbus, Ohio 43215-5919

614-466-0912 & Fax 614-728-7790

<http://cswmft.ohio.gov> & cswmft.info@cswb.state.oh.us

Counselor Trainee Initial 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. This form must be filed at the **beginning** of the training experience.
3. Individuals must register practica and internships to be eligible for counselor trainee status.
4. During the training period, you must refer to yourself as a **Counselor Trainee**.
5. You must have one hour face-to-face supervision for each 20 hours of work.
6. **Please attach proof of enrollment in a practicum or internship for approval.**
7. Please allow 30 days for processing and check web site license verification for updates.

Part A: To be completed by supervisee

1. Name:		DoB in MMDDYYYY		SSN or Student Visa #:	
2. Street Address:			City:	State:	Zip:
3. Daytime Phone:		Email:		CT #:	
4. Name of supervisor:				Title:	
5. Address of supervisor:				Daytime Phone #:	
				Email:	
6. Name, address and scope of practice of setting in which supervision is taking place:					
7. Describe the duties you plan to perform. Counselor Trainees Per rule 4757-13-01(A)(4)(c)&(d) a minimum of 40 hours of practicum and 240 hours of internship work consists of face-to-face client contact involving the delivery of clinical counseling services, which for internship includes the diagnosis and treatment of mental and emotional disorders.					
8. Dates of semester or quarter at this setting: Start Date: _____ End Date: _____					
University/College Name _____					
(Attach a copy of student transcript or class schedule verifying the actual beginning and ending of the semester/quarter.)					

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

LIC/CERT #	ISSUE DATE	EXPIRATION DATE
_____	_____	_____
_____	_____	_____

10. Has any licensing authority ever denied your application for any professional license? Yes No

11. Have any complaints ever been filed against you with any counselor licensing agency or association? Yes No

12. Have you ever been denied the privilege of taking an examination required for any professional licensure? Yes No

13. Have any complaints ever been filed against you with any counselor licensing agency or association? Yes No

14. Have you ever voluntarily surrendered any professional license? Yes No

15. Have you ever had any professional license revoked? Yes No

16. Have you ever been the subject of disciplinary action by any licensing agency? Yes No

17. Is there any disciplinary action pending against you by any licensing jurisdiction? Yes No

18. Have you ever been arrested, charged with or convicted (including a no contest plea or guilty plea) of a felony or misdemeanor (or other criminal offense) in any state or federal court (other than traffic violations) whether or not sentence was imposed or suspended? If yes, forward a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge (if applicable) as well as a statement from the probation or parole officer. Yes No

19. Have you ever been pardoned from a felony (or criminal) conviction? Yes No

20. Have you ever had a record expunged from a felony (or criminal) conviction or had a conviction sealed under Ohio Revised Code section 2953.32 that is "directly and substantially related" to the license? Yes No

21. Are you now or have you in the last 5 years been addicted to or used in excess, any drug or chemical substance including alcohol? Yes No

22. Are you now being treated or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program? Yes No

23. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in practice as a counselor? Yes No

24. Have you ever been named as a defendant in a civil suit related to your professional practice? Yes No

Please explain any yes answers on a separate sheet of paper and submit with this application.

25. **Memo of Understanding:** I have read the counselor licensure law and understand the rules and regulations that pertain to Counselor Trainee. I understand that I will have to submit the CT extension application each subsequent term of my practicum or internship. 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.

The Counselor, Social Worker Board & Marriage and Family Therapist Board is required to collect the social security numbers of all applicants pursuant to 42 U.S.C. Sec. 132a-7e(b), 5 U.S.C. Sec. 552a, 45 C.F.R. pt. 61, and Ohio Revised Code Sec. 2301.373(E) for potential disclosure to the Federal Department of Health and Human Service's Healthcare Integrity and Protection Data Bank and/or the local County Child Support Enforcement Agency. Therefore, you are required to fill in your social security number on the application. Failure to comply may lead to the denial of your application.

Signature of Counselor Trainee

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 Counselor or 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 CT have and does it include diagnosis and treatment?

6. I have reviewed the supervisee's statements:

They (are) (are not) Accurate

Supervisor's Signature

Date