



Counselor, Social Worker & Marriage and Family Therapist Board

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This is an active PDF file, click on the boxes and type your information then print or save with Reader 8.0 or 9.0

1. Name:		SSN:	
2. Street Address:		City:	State:
3. Daytime Phone:		Email:	CT Registration #:
4. I have changed my supervisor: <input type="checkbox"/> Yes <input type="checkbox"/> No ; if yes list name below and complete page two of this form. New supervisor name and license #: _____			
5. I have changed my site: <input type="checkbox"/> Yes <input type="checkbox"/> No ; if yes list new site name and mailing address below.			
6. I have changed my duties: <input type="checkbox"/> Yes <input type="checkbox"/> No ;if yes list new duties below.			
7. My duties include the diagnosis and treatment of mental and emotional disorders: <input type="checkbox"/> Yes <input type="checkbox"/> No Your internship report must include diagnosis and treatment of mental and emotional disorders under the supervision of a PCC-S for the board to accept your internship see rule 4757-13-01(A)(4)(d).			
8. I enclosed a copy of my practicum or internship enrollment document with term beginning and ending dates: <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. My school forwarded a list of practicum and internship students, which documents my enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No Your CT cannot be extended without one of these documents. School Name: _____			
10. Memo of Understanding: I have read the counselor licensure law and understand the rules and regulations that pertain to Counselor Trainee. I further understand that any person who knowingly makes a false statement on the application form is guilty of falsification under section 2921.13 of the Ohio Revised Code, a misdemeanor of the first degree. "By virtue of filling this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, and that the information given in this application is true, correct, and complete to the best of my knowledge. I hereby authorize the State of Ohio Counselor, Social Worker & Marriage and Family Therapist Board to verify any and all information contained in this application, including information maintained in applicable data banks, and to transmit this information to the licensing authority of the state to which this application is made. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure and practice, and law enforcement and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority."			
_____ Signature		_____ 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