

**All licensees of the board are required to have a disclosure statement by section 4757.12 of the Ohio Revised Code and rule 4757-5-12. The statement should provide to your clients your areas of competence for practice that are supported by appropriate education, training and prior supervised practice or consultation by a competent practitioner in each area of competence claimed.**

**PROFESSIONAL DISCLOSURE STATEMENT**

**(This sample is provided to assist the P.C.C. in drafting his/her own statement)**

**\*Donna Smith, Professional Counselor, (E0010105)\*Supervising Counselor  
110 West Central Mental Health Center (\*If applicable)  
Houston, OH 12345  
(321) 678-9012**

**\*FORMAL PROFESSIONAL EDUCATION**

<u>University</u>	<u>Date Received</u>	<u>Dates Attended</u>
University of Scranton	M.A. in Community Counseling	1990-93
Ohio State University	Clinical Course Work Training	1994-95

**\*AREAS OF COMPETENCE**

Note to the Licensee: A Professional Clinical Counselor may list any of the following as his/her areas of competence and services provided: Career counseling, child and adolescent counseling, personal and social counseling, educational counseling, marriage counseling, family counseling, pastoral counseling, gerontological counseling, rehabilitation counseling, human resources counseling, employee assistance counseling, mental health counseling, chemical dependency counseling, addictions counseling, consultation, supervision, administration, and may independently diagnose and treat mental and emotional disorders.

List areas of Competence for which you have training, education and experience.

\*May provide training supervision to individuals seeking licensure as professional clinical counselors and work supervision to Professional Counselors if awarded the Supervising Counselor Status.

A Professional Counselor engaging in the diagnosis and treatment of mental and emotional disorders under the supervision of an appropriately licensed mental health professional(s) must disclose the name(s) of his/her supervisor(s) in writing.

\*For a licensee employed in a private practice, partnership, or group practice, a fee schedule shall be listed by type of service or hourly rate.  
e.g. Counseling fees are billed at \$120.00 (or whatever is appropriate) per hour.

**\* If you have complaints about professional services from a counselor, social worker and/or marriage and family therapist contact the:**

**Ohio Counselor, Social Worker, and Marriage and Family Therapist Board  
50 West Board Street, Suite 1075  
Columbus, OH 43215**

**Phone (614) 466-0912 - Website: [www.cswmft.ohio.gov](http://www.cswmft.ohio.gov)**

\*This information is required by law. Please review rule 4757-5-12 of the Ohio Administrative Code to make certain you are in compliance with the law.