



State of Ohio
COUNSELOR, SOCIAL WORKER & MARRIAGE AND FAMILY THERAPIST BOARD

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Professional Counselor Clinical Field Evaluation

Applicant's Name: _____

1.) Supervisor's Name: _____ Profession: _____
Business Address: _____ Degree: _____
_____ Position Title: _____
_____ Business Telephone: _____

2.) Indicate if you are a:
 Professional Clinical Counselor _____
License Number _____
 Other: _____
License Number _____

Note: If you are not a professional clinical counselor, you must attach a vita attesting to your qualifications to diagnose and treat mental and emotional disorders unless you have previously sent one to the board.

Vita enclosed Vita already in applicant's file

3.) A. Capacity in which you have known the applicant:
 Clinical Supervisor Professional Colleague
 Trainer or Educator Other _____

B. Length of time you have supervised the applicant: From _____ to _____

4.) A. Name and address of the private or clinical setting in which you have supervised or observed the applicant's professional work:

B. Was the diagnosis and treatment of mental and emotional disorders within the organization's scope of practice?
 Yes No

C. Provide a short description of the applicant's duties and responsibilities: _____

5.) To your knowledge, has the applicant ever had a professional license/ certificate revoked for unethical behavior?
 Yes No Unknown

If yes, please **attach** explanation.

6.) **PLEASE RATE THE APPLICANT ON THE FOLLOWING CLINICAL SKILLS AND ABILITIES. THE FOLLOWING KEY IS RECOMMENDED WHEN ASSESSING THE APPLICANT'S LEVEL OF COMPETENCE:**

- 5 High:** *The applicant performs extremely well in this area.*
- 4 High Average:** *The applicant's performance level is more than adequate in this area.*
- 3 Average:** *The applicant possesses adequate competence in this area.*
- 2 Low Average:** *The applicant possesses competence in this area, but needs to improve performance.*
- 1 Low:** *The applicant clearly lacks competence in this area.*
- N/O No Opportunity to Assess:** *The rater has not had the opportunity to observe the applicant's performance in this area.*

SKILLS AND ABILITIES A clinical counselor must demonstrate acceptable levels of performance in:	ASSESSMENT					
	HIGH		AVERAGE		LOW	N/O
	5	4	3	2	1	

CLINICAL PSYCHOPATHOLOGY, PERSONALITY AND ABNORMAL BEHAVIOR

1.)	Knowledge of specific personality theories and their application in mental health work.						
2.)	Understanding basic concepts of normal and abnormal behavior.						
3.)	Recognizing the levels of severity of abnormal behaviors.						
4.)	Understanding the life cycle of normal growth and development from infancy to maturity and old age.						
5.)	Understanding the impact of diverse cultures, ethnic and economic background on personality development.						

EVALUATION OF MENTAL AND EMOTIONAL STATUS

6.)	Knowing the names and uses of the various assessment measures						
7.)	Using behavioral observation, social history and intake questionnaires as appraisal techniques.						
8.)	Using assessment procedures in diagnosis, treatment planning, and the conduct of mental health treatment.						
9.)	Using and interpreting group and individual standardized tests of mental ability, interests aptitude, personality, and achievement.						
10.)	Knowing under what conditions, and by whom specialized tests may be administered (i.e. physical and neurological examinations, mental status examinations, EEGs, etc...)						

SKILLS AND ABILITIES A clinical counselor must demonstrate acceptable levels of performance in:	ASSESSMENT					
	HIGH		AVERAGE		LOW	N/O
	5	4	3	2	1	

DIAGNOSIS OF MENTAL AND EMOTIONAL DISORDERS

11.)	Knowing the signs and symptoms of psychosis, personality disorders and neuroses.						
12.)	Using the Diagnostic and Statistical Manual for Mental Disorders (DSM-III) in making a diagnosis.						
13.)	Conducting mental status examinations.						
14.)	Knowing the psychopathologic conditions related to children, adolescents, young and mid-life adults and the aged.						
15.)	Knowing the behaviors, natural history, and psychodynamics of special problems such as mental retardation, psychosexual disorders, substance abuse, and addiction.						

METHODS OF INTERVENTION AND PREVENTION OF MENTAL AND EMOTIONAL DISORDERS

16.)	Using generic counseling skills, i.e. attending, responding, goal setting, feedback, summarization.						
17.)	Knowing the rationale, process and limitations of the psychological methods of intervention i.e. client-centered, psychological hypnotherapy, psychotherapy, etc.						
18.)	Knowing the method of educational models of intervention i.e. rational emotive therapy, reality therapy, psycho-social rehabilitation, etc.						
19.)	Using different kinds of intervention strategies in different situations. i.e. marriage and family, crisis situations, child abuse, etc.						
20.)	Using specialized intervention strategies in with diverse populations i.e. minorities, children, substance abusers, psychiatric clients, terminally ill, etc.						

TREATMENT OF MENTAL AND EMOTIONAL DISORDERS

21.)	Developing and implementing a treatment plan.						
22.)	Reporting and assessing progress of treatment.						
23.)	Knowing the legal and ethical issues involved in treatment.						
24.)	Making appropriate and successful referrals of clients.						
25.)	Understanding the use of mood altering chemical agents in the treatment of mental and emotional disorders.						

7.) Do you recommend that the Board grant the applicant a "clinical endorsement" to engage in the unsupervised diagnosis and treatment of mental and emotional disorders?

- A. Yes, without reservation; B. Yes, with reservation; C. No

If your answer is "B" or "C," please explain. _____

8.) Additional explanation/comments: _____

AFFIDAVIT:

I hereby attest that all the above information is true and correct to the best of my knowledge. I AM WILLING TO ANSWER ADDITIONAL QUESTIONS CONCERNING THIS EVALUATION IF THE BOARD DEEMS IT NECESSAARY.

Name of the applicant (print clearly)

Name of Evaluator (print clearly)

Signature of Evaluator

Date

State of

County of

The undersigned, being duly sworn, deposes and says that he/she is the person who executed this evaluation, that the statements, herein, are true, that he/she has not suppressed any information that might affect this evaluation, and that he/she has read and understands this affidavit.

Signature of Evaluator

Signature of Notary Public

Subscribed and sworn to before me, this _____ day of _____ 20 _____

My commission expires: _____

This form must be signed and mailed by the evaluator within (15) days of completion of the supervised period to the address shown on the front of this form.