



STATE OF TENNESSEE
DEPARTMENT OF
HEALTH
BUREAU OF HEALTH LICENSURE AND
REGULATION DIVISION OF HEALTH
RELATED BOARDS
665 Mainstream Drive
Nashville, TN 37243

<http://tennessee.gov/health/topic/pcmft-board>

BOARD FOR PROFESSIONAL COUNSELORS, MARITAL AND FAMILY THERAPISTS,
AND CLINICAL PASTORAL THERAPISTS

REQUEST FOR QUALIFIED CLINICAL SUPERVISOR STATUS

Pursuant to rule 0450-01-.10: The supervisor of an applicant for licensure as a professional counselor with mental health service provider shall obtain from the Board a Certificate of Qualified Clinical Supervision by meeting the following questions:

The applicant has been a licensed professional counselor with mental health service provider designation for at least five (5) years; and provide documentation of completion of the required supervisory training by Rule 0450-01-.10 (e).

Applicant: _____

License number: _____ State: _____

Date first licensed: _____

I, _____, request to be approved as a Qualified Clinical Supervisor and have met all the qualification or certifications of Rule 0450-01-.10.

Signature of Applicant

Date

NOTE: All supervisors providing supervision starting before January 31, 2013 for LPC or LPC/MHSP candidates will be approved to continue providing supervision to those individuals according to the requirements of the former Rule 0450-01-.10. Supervisors providing supervision starting on or after January 31, 2013 must comply with the above requirements. All supervisors shall comply with subparagraphs (1)(d) and (1)(f) regardless of the date they start providing supervision.

Rule 0450-01-.10(e)

Training - Supervisors shall provide documentation of the successful completion of one or more of the following:

A passing grade at an accredited college or university in an academic course specific to supervision of counselors;

Supervision certification by one, or more, of the following professional associations:

AAMFT - Approved Supervisor;

(ii) AAPC-Approved Supervisor;

(iii) NBCC -Approved Clinical Supervisor; or

(iv) Any other organization designated by the Board to provide supervisor qualification verification;

Documentation of twelve (12) contact hours related to counseling supervision and other related supervision topics. Contact hours must be provided by an approved professional association or approved by a counseling related credentialing organization (e.g., NBCC);

Continuing Education Units - Three (3) clock hours of the ten (10) clock hour requirement shall, every two (2) years, pertain to counseling supervision or related supervision topics.



TENNESSEE BOARD FOR PROFESSIONAL COUNSELORS, MARITAL AND
FAMILY THERAPISTS, AND CLINICAL PASTORAL THERAPISTS

CERTIFICATE OF QUALIFIED CLINICAL SUPERVISION

AFFIDAVIT

This affidavit must be completed by all licensed professional counselors with mental health service provider designation wishing to provide supervision to applicants for licensure as a professional counselor with mental health service provider designation after January 31, 2013. Once completed, return the affidavit to the Board's administrative office: Board for Professional Counselors, Marital and Family Therapists, and Clinical Pastoral Therapists, 665 Mainstream Drive, Nashville, Tennessee 37243.

STATE OF: _____

COUNTY OF: _____

I, _____ am licensed as a Professional Counselor with Mental Health Service Provider (MHSP) status in the State of _____. My license number is _____ and the date of my initial licensure was _____.

I understand that according to Tenn. Comp. R. Regs. 0450-01-10 (2020) of the rules governing licensure for professional counselors in Tennessee, before supervision of an applicant for licensure as a licensed professional counselor with MHSP may begin, the supervisor must obtain a Certificate of Qualified Supervision from the Board. The supervisor must meet the following requirements in order to receive a Certificate of Qualified Supervision:

- (a) The supervisor has been a licensed professional counselor with MHSP for at least five (5) years; and,
- (b) The supervisor has completed a training that consists of one or more of the following; (1) a passing grade at an accredited college or university in an academic course specific to supervision of counselors, (2) supervision certification by one, or more of the following professional association: (a) AAMFT approved supervisor, (b) AAPC approved supervisor, (c) NBCC approved clinical supervisor, (d) any other organization designated by the Board to provide supervisor qualification verification, (3) documentation of

twelve (12) contact hours related to counseling supervision and other related supervision topics. Contact hours must be provided by an approved professional association or approved by a counseling related credentialing organization (e.g. NBCC).

- (c) I understand that supervision provided by an applicant's parents, spouse, former spouse, siblings, children, cousins, in laws (present or former), aunts, uncles, grandparents, grandchildren, stepchildren, employees, or anyone sharing the same household shall not be acceptable toward fulfillment of licensure requirements. For the purpose of this rule, a supervisor shall not be considered the employee of the applicant, if the only compensation received by the supervisor consists of payments for the actual supervisory hours. (Tenn. Comp. R. & Regs. 0450-01-.10(4)).

I understand that supervision that began prior to January 31, 2013 for LPC or LPC/MHSP and was consistent with the Board rules effective prior to that date will be permitted to continue. (Tenn. Comp. R. & Regs. 0450-01-.10(2)).

I hereby attest that I understand and meet all of the requirements described above and am licensed in good standing.

Further the affiant sayeth not.

(Signature)

(Date)