

**REQUEST FOR TEMPORARY LICENSURE  
AS A PROFESSIONAL COUNSELOR WITH  
MENTAL HEALTH SERVICE PROVIDER DESIGNATION**

Applicant: If you desire a temporary license, have your supervisor complete this page, and add \$150 to the fee requested in instruction #2 on the first page of this application. Do not send this page separately; a request for temporary license must be returned with entire application.

**NOTE: Documentation of twelve (12) contact hours related to counseling supervision and other related supervision topics. Must include most recent three (3) hours required during the renewal cycle. Contact hours must be provided by an approved professional association or approved by a counseling related credentialing organization. This documentation must accompany this form.**

Name of Applicant \_\_\_\_\_  
(Please Print) Last First Middle

I, the undersigned, hereby accept responsibility for direct supervision of the above named applicant.

\_\_\_\_\_  
Name of Supervisor (Please Print)

\_\_\_\_\_  
License Number of Supervisor Date of Initial License

\_\_\_\_\_  
Title of Supervisor's License:

(i.e., M.D., D.O., L.P.C./M.H.S.P., L.M.F.T., L.C.S.W., Lic. Psychologist)

If license is M.D. or D.O., are you certified by the American Board of Psychiatry and Neurology? \_\_\_ Yes \_\_\_ No

Supervisor's: Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Telephone #: ( ) \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor Date

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

(SEAL)

<b><u>For Office Use Only Temporary License</u></b>
Number _____
Issued _____
Expires _____
Extended _____