

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

You may email this form to: [LPC@hpsc.state.tx.us](mailto:LPC@hpsc.state.tx.us).

PO Box 149347  
Austin, Texas 78714-9347  
Mail Code: 1982

Budget ZZ115  
Fund #155  
(512) 834-6658  
Fax: (512) 834-6677

**SUPERVISED EXPERIENCE DOCUMENTATION / UPGRADE FORM**

You must submit one Supervised Experience Documentation / Upgrade Form for each Supervisor.

This form is to be used to document post graduate supervised hours earned under a temporary (LPC Intern) license in order to upgrade to full licensure or to document hours earned in another state. You will be notified in writing of any deficiencies. **Reminder: The 3,000 hours may not be earned in less than 18 months.**

**DO NOT SEND A NEW APPLICATION FOR UPGRADE WITH THIS FORM AS THIS WILL DELAY THE PROCESSING OF YOUR FILE.**

I am applying for an upgrade to full licensure (LPC): Yes \_\_\_ No \_\_\_

Enclosed is a Jurisprudence Exam certificate, completed within the last two years of this application: Yes \_\_\_ No \_\_\_

**TO BE COMPLETED BY INTERN**

Intern's Name \_\_\_\_\_  
(Last) (First) (Middle)

Intern's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Intern License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

- 1. You must check "Yes" if you have ever plead guilty, been placed on probation, plead nolo contendere, or granted deferred adjudication or any other type of pretrial diversion in any state or federal office, unless such offense was a Class C misdemeanor or minor traffic offense. Yes \_\_\_ No \_\_\_

**\*\*Note: An offense is not a minor traffic violation if it involved alcohol or drugs, or if there was an attempt, whether successful or not, to suspend or revoke your driver's license as a result of the offense.**

- 2. Have you ever been found in violation of laws or rules pertaining to professional practice or settled such charges prior to a formal finding in an administrative proceeding? Yes \_\_\_ No \_\_\_
- 3. Have you ever had a judgment against you or settled prior to such a finding in a civil proceeding related to professional practice? Yes \_\_\_ No \_\_\_
- 4. Are charges pending against you for any of the above? Yes \_\_\_ No \_\_\_
- 5. Have you had a professional license or certification denied, probated, suspended, or revoked? Yes \_\_\_ No \_\_\_

**PLEASE NOTE: Applicants for full LPC licensure must provide all information relating to criminal history, professional license complaint history and civil liability suit history. Discovery of any of these past circumstances not disclosed may result in denial or revocation of your license and disclosure of discovered information to other licensing boards. If you answered YES to any of the preceding questions, you must attach a detailed explanatory statement AND certified court documents. Additional information may be requested.**

By signing below, I affirm that I have read, understood, and agree to abide by the laws (TAC 22 §681) and regulations (TOC §503) pertaining to the practice of professional counseling in the state of Texas. I declare and affirm that the statements made on this form and any accompanying statements and documents are true, complete, and correct. I understand that any false or misleading information in, or in connection with this application may be cause for denial or loss of licensure.

\_\_\_\_\_  
(Intern's/Applicant's Signature)

\_\_\_\_\_  
(Date - MM/DD/YYYY)

**TO BE COMPLETED BY BOARD APPROVED SUPERVISOR ONLY**

<b>SECTION A</b>	<p>Supervisor's Name _____ (First) (Middle) (Last)</p> <p>Supervisor's LPC-S License # _____ State _____ Date Issued _____ Expiration Date _____ (MM/DD/YYYY) (MM/DD/YYYY)</p> <p>Email Address _____ Phone #: _____</p>
<b>SECTION B</b>	<p><b>**If hours were earned in a jurisdiction other than Texas, please include a copy of the supervisor's credentials including official verification of out of state supervisors license with this form.</b></p> <p>1. My LPC Intern received at least four hours of direct supervision per month (§681.92(e)): Yes _____ No _____ If NO, explain: _____</p> <p>2. Total number of indirect counseling hours: _____</p> <p>3. Total number of direct counseling hours: _____</p> <p>4. Total number supervised experience hours (A + B): _____ (Do not include excess practicum hours.)</p> <p>5. My LPC Intern completed at least 18 months minimum of supervision: Yes _____ No _____ If NO, explain: _____</p>
<b>SECTION C</b>	<p>As supervisor, do you recommend — without any reservation — this applicant for license to practice independent counseling? Yes _____ No _____</p> <p>If NO, please summarize (below) and submit the following documents with this form:</p> <ol style="list-style-type: none"><li>1. A copy of your written record of "any concerns the supervisor discussed with the LPC Intern" as required by §681.93(a)(1)(F);</li><li>2. A copy of your "written plan for remediation" as required by §681.93(e); and</li><li>3. Copies of any Supervision Notes related to your reservation, concerns, or remedial plan.</li></ol> <p>Summary: _____ _____</p> <p>I, as supervisor of the above-named intern's/applicant's experience, certify it transpired in accordance with all laws and rules governing the practice of professional counseling, I declare and affirm that the statements made on this form and any accompanying statements and documents are true, complete, and correct.</p> <p>_____ (Supervisor's Signature) (MM/DD/YYYY)</p>