

**TRAINING AND SUPERVISION PLAN:
LICENSED CLINICAL PROFESSIONAL COUNSELOR (LCPC) CANDIDATE**

Instructions

This section must be completed and signed by both the applicant/candidate and the supervisor who will be supervising the applicant/candidate during the candidacy. If the applicant/candidate will have more than one supervisor, then this form must be completed for each supervisor. LCPC candidates who are already licensed but are changing and/or adding a new supervisor must submit a new supervision agreement which is also signed by new supervisor no later than 20 business days following the change.

You can scan and upload this form directly to your [online application/account](#) or e-mail it to dlibsdhelp@mt.gov.

Section 1 – Applicant/Candidate Information

1. Applicant/Candidate Full Name: _____
First _____ Middle _____ Last _____
2. Applicant/Candidate Mailing Address: _____
3. Applicant/Candidate Email Address: _____

Section 2 – Supervisor

4. Supervisor Full Name: _____
First _____ Middle _____ Last _____
5. Supervisor License Title: _____
(e.g. LCSW, LCPC, LMFT, licensed psychologist, or licensed and board-certified psychiatrist)
6. Supervisor License Number: _____

Section 3 – Declaration

I, the LCPC applicant/candidate understand the requirements of a supervised experience and recordkeeping per [\[ARM 24.219.421\]](#) and [\[ARM 24.219.422\]](#).

Legal Signature of Applicant/Candidate

Date

I, the candidate supervisor understand the requirements of a supervised experience and recordkeeping per [\[ARM 24.219.421\]](#) and meet the qualifications to supervise as described [\[ARM 24.219.422\]](#).

Legal Signature of Supervisor

Date