

**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 [dlibsdhcp@mt.gov](mailto:dlibsdhcp@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