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

Instructions

This section must be completed and signed by <u>both</u> 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 <u>online application/account</u> or e-mail it to <u>dlibsdhelp@mt.gov</u>.

Se	ection 1 – Applicant/Candidate Informatio	on	
1.	Applicant/Candidate Full Name:	Middle	Last
2.	Applicant/Candidate Mailing Address:		_
3.	Applicant/Candidate Email Address:		
Se	ection 2 – Supervisor		
4.	Supervisor Full Name:	Middle	Last
5.	Supervisor License Title: (e.g. LCSW, LCPC, LMFT, licensed psychologist, or licensed and board-certified psychiatrist)		
6.	Supervisor License Number:		
I, t	ection 3 – Declaration he LCPC applicant/candidate understand th r <u>37-23-202, MCA</u> , ARM 24.219.422, 24.21	•	. •
Leg	gal Signature of Applicant/Candidate		Date
23	he candidate supervisor understand the rec202, MCA, ARM 24.219.422, 24.219.423, alifications to supervise as described ARM	and ARM Title 24, chapter 219, subc	
Lec	nal Signature of Supervisor		 Date