

Professional Supervision Application
New Orleans Baptist Theological Seminary
Department of Psychology and Counseling

Counselor Intern's Name _____ Semester: _____

Internship Site: _____ Starting Date of Internship: _____

Directions: (Only for students who are not already licensed, or who are not already into the licensure procedure prior to application to the PhD Program) Check each step when completed:

- _____ 1. When you receive notification of acceptance into the PhD program for Psychology and Counseling, download the forms for applying for licensure with the LPC Board of Louisiana. (Lpcboard.org). You can begin the process of filling out the paperwork and writing your Declaration of Practice, following the instructions and sample given on the LPC Board site. Some of the application will have to be completed by your supervisor.
- _____ 2. Discuss placement possibilities with Dr. Steele, and receive information about what supervisors and sites are available. You will then interview with a possible supervisor, and obtain your assigned supervisor's approval signature before submitting this application.
- _____ 3. The supervisor will have to fill out part of your application to the LPC Board. The application must be fully completed prior to submission. You may not begin internship hours until after your application to the LPC Board of Louisiana has been approved, so you do not want to delay preparing and sending in your application.
- _____ 4. The LPC Board meets every third Friday, and all paperwork to be considered has to be submitted at least a week in advance.
- _____ 5. You must purchase professional liability insurance. You can purchase liability insurance through a professional organization in which you are a member or an agency such as HPSO (www.hpso.com). When you receive proof of your insurance, you will need to bring a copy to your supervisor.
- _____ 6. You will need to take this completed application form to the ReDoc Office to enroll in the Professional Supervision Course, PSYC9311, PhD Advanced Clinical Supervision.

Student's Mailing Address: _____

Home Phone: _____ Office Phone _____ Email: _____

Site Supervisor Name and Title: _____

(If not one of the NOBTS faculty members, site supervisor must hold an LPC or LMFT license, and must be approved by Psychology and Counseling faculty).

Mailing Address: _____

Office Phone: _____ Email: _____

Briefly describe your responsibilities and duties at your internship site: