Lubbock Christian University

Clinical Mental Health Counseling

Supervisor Qualification Form

Information:

Supervisor's Name: *

Supervisor's Title: *

Site's Business Name: *

Site's Business Address: *

Site's Phone: *

Supervisor's Email: *

Scope or type of activities provided: *

Licenses:

License	State and/or Agency Awarding License	License Number	Date Awarded (MM/DD/YYYY)

Certifications:

Certification	State and/or Agency Awarding License	License Number	Date Awarded (MM/DD/YYYY)

Degrees (most recent first):

Degree	College or University	Program of Study	Date Awarded (MM/DD/YYYY)

Work Experience (most recent first):

Title	Agency or Institution	Starting Date (MM/DD/YYYY)	Ending Date (MM/DD/YYYY)

Other Relevant Training:

Student Signature _____Date:_____

Supervisor Signature Electronic Signature Pending

LCU Clinical Supervisor Signature Electronic Signature Pending