



COUNSELING SUPERVISOR'S Endorsement Form

Applicant's Name: _____

Please note: All endorsers must hold a **master's degree or higher** in counseling, clinical social work, marriage & family therapy, psychology, or psychiatry. Endorsers are not required to be licensed. They may not be related to the applicant. If the endorser does not meet these criteria, they must return this form to the applicant so that he or she may ask someone else for this endorsement.

To the National Board for Certified Counselors:

I have been professionally acquainted with the above named applicant for ____/____ years/months and am not related to this applicant. To the best of my knowledge and belief, this applicant is of good standing in the profession, is of good moral character, and has demonstrated effective counseling skills while under my supervision. I endorse this applicant to become a National Certified Counselor.

_____ Signature of Counseling Supervisor (blue ink signature required)	_____ Date
_____ Counseling Supervisor's Name (please print)	_____ Counseling Supervisor's Title
_____ Business Address	_____ Degree (please be specific, such as "MA-Counseling")
_____ City/State/Zip Code	_____ Telephone with Area Code
_____ Profession	_____ Professional Certification or License (not required)
_____ State or Certifying Organization (not required)	

I verify that this applicant for certification has met with me for _____ hours of direct supervision regarding his/her counseling cases from _____ (mm/yy) to _____ (mm/yy).

Applicant's Position

Name of Agency/Institution

This form, complete with an original, blue ink signature, must be mailed to NBCC. Faxed or photocopied signatures are not acceptable. The applicant and supervisor should retain copies for their records.
After you complete this form, please return it to the applicant.

Feel free to offer other comments on the back of this sheet if necessary.