



nbcc

Applicant's Name: _____

Counseling Supervisor Degree Requirement:

All endorsers must hold a master's degree or higher in counseling; psychology; psychiatry; marriage, couple and family therapy; social work; dance therapy; or art therapy. Endorsers are not required to be licensed and cannot be related to the applicant. A counseling supervisor who does not meet these criteria must return this form to the applicant so another can be asked for this endorsement.

Counseling Supervisor Attestation

To the National Board for Certified Counselors:

I have been professionally acquainted with the above-named applicant for ____ years ____ months. I am not related to this individual either by birth or by marriage. To the best of my knowledge, this applicant is in good standing in the profession and has demonstrated effective counseling skills with clients while under my supervision. I recommend him/her for certification through NBCC.

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

Applicant's Position/Title

Name of Agency/Institution

Counseling Supervisor Contact and Degree Information

Signature of Counseling Supervisor (**BLUE** ink required)

Date

Counseling Supervisor's Name (please print)

Counseling Supervisor's Title

Business Address

Degree and Major (e.g., "MA-Counseling")

City/State/ZIP Code

Telephone With Area Code

Counselor Supervisor's E-mail

Professional Certification or License (if credentialed)

State or Certifying Organization (if credentialed)

Profession

This form with an original BLUE ink signature must be mailed by the applicant to NBCC. Faxed or photocopied signatures are not acceptable. The applicant and supervisor should retain copies for their records.

Feel free to offer other comments on the back of this sheet, if necessary.
After completing this form, please return it to the applicant.

Counseling Supervisor Endorsement Form