



Approved Clinical
SUPERVISOR™

APPLICATION PACKET

**This application form is interactive.
Download the form to your computer to fill it out.**



CENTER FOR
**CREDENTIALING
& EDUCATION™**

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The Center for Credentialing & Education, Inc. (CCE) values diversity.

There are no barriers to credentialing on the basis of gender, race, creed, age, sexual orientation or national origin.



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ABOUT THE CREDENTIAL

WHAT IS AN APPROVED CLINICAL SUPERVISOR?

The Approved Clinical Supervisor (ACS) credential identifies those professionals who have met approved national professional supervision standards; promotes the professional identity, visibility and accountability of Approved Clinical Supervisors; and encourages the professional growth of Approved Clinical Supervisors.

CCE ETHICS POLICIES AND PROCEDURES

ACS applicants and credential holders are responsible for ensuring that their behavior adheres to the standards identified in the *ACS Code of Ethics*.

Whether you are an applicant or credential holder, you are required to disclose any of the following types of matters:

- Criminal charge (Note: You do not need to disclose traffic charges unless they involve drugs or alcohol or injury to person or property.)
- Legal action related to business or occupational activities in which you are named as a defendant
- Grievance by any government entity or professional organization
- Employment termination due to conduct
- Probation or removal from any graduate program for reasons unrelated to grades

Written disclosures must be received within 60 days of you becoming aware of the required disclosure, unless you are an applicant and are disclosing a previously concluded matter. In such cases, the disclosure and required documentation must be submitted with your application

An applicant must complete all portions of the ACS application, including the ethics attestation and the Applicant Agreement & Release Authorization. Disclosures and other ethics matters are reviewed in accordance with CCE procedures. Disclosures do not automatically render an individual ineligible for credentialing. CCE reserves the right to deny eligibility based on an ethics review. Application fees are not refundable when an application is rejected.

Your disclosure must be submitted in writing with your application. Please seal your written statement and supporting documentation in an envelope marked “**CCE Ethics Department.**”

Your written submission must include relevant documentation, including copies of the charges, outcomes and paperwork indicating that required actions have been completed. Documentation regarding this varies depending on the type of matter. Please refer to www.cce-global.org/Prof/Ethics for samples, answers to frequently asked questions, and policies.

ELIGIBILITY REQUIREMENTS

REQUIREMENTS FOR ALL ACS APPLICANTS

1. Education:

A master's degree or higher in a mental health field. Degrees must be from a postsecondary educational institution accredited by an accrediting agency or state approval agency recognized by the U.S. Secretary of Education.

Please submit a copy of your (official or unofficial) transcript with your application. Web-printed transcripts must identify the school and the degree conferred.

Applicants with non-U.S. degrees:

If you earned your degree(s) outside the United States, you will need to have the degree(s) evaluated by an international transcript evaluation service and submit the results to CCE with your application. CCE accepts evaluations completed by World Education Services, Inc.; Educational Credential Evaluators, Inc.; and the American Association of Collegiate Registrars and Admissions Officers International Education Services.

2. Current Status as One of the Following:

- a. National Certified Counselor (NCC)
- b. Licensed or certified mental health provider
- c. Licensed or certified clinical supervisor

Please submit a copy of the license or credential with your application.

3. Professional Disclosure Statement (PDS):

You will need to submit a professional disclosure statement intended for your supervisees. A statement you currently distribute to supervisees can be submitted provided it addresses the 10 required areas listed below. If you are not currently employed in a supervisory capacity, write the disclosure statement as if you were. If the supervisory responsibilities are an aspect of your employment (e.g., counselor educator), write the statement from that perspective. An effective disclosure statement demonstrates an understanding of the multiple responsibilities of a clinical supervisor. Your statement must include:

1. Your name, business address and telephone number;
2. A listing of your degrees, credentials and licenses;
3. The general mental health competency areas for which you are qualified to provide supervision (e.g., addictions counseling, career counseling);
4. A statement documenting your training in supervision and experience in providing supervision;
5. A general statement addressing your model of or approach to supervision, including role of the supervisor, objectives and goals of supervision, and modalities (e.g., tape review, live observation);
6. A description of the evaluation procedures you use in the supervisory relationship;
7. A statement defining the limits and scope of confidentiality and privileged communication within the supervisory relationship and with your own supervisor if applicable;
8. A fee schedule or statement of free service;
9. Emergency contact information where your supervisee can reach you in the event of an emergency; and
10. A statement indicating that you will follow the Approved Clinical Supervisor *Code of Ethics* (available at www.cce-global.org) in addition to your credentialing board's code of ethics.

4. Specialized Training:

You must document completion of either of the following:

- a. A three-semester-hour graduate course in clinical supervision from a CACREP-accredited program (by transcript)

OR

- b. A 45-clock-hour NBCC-approved workshop training in clinical supervision (by certificate copy)

OR

- c. A total of 45 clock hours of clinical supervision training specific to providing supervision or becoming a supervisor, which must include each of the following content areas (Submit the transcript/certificate and the course syllabus/outline.):
1. Roles and functions of clinical supervisors
 2. Models of clinical supervision
 3. Mental health–related professional development
 4. Methods and techniques in clinical supervision
 5. Supervisory relationship issues
 6. Cultural issues in clinical supervision
 7. Group supervision
 8. Legal and ethical issues in clinical supervision
 9. Evaluation of supervisee competence and the supervision process

5. Mental Health–Related Experience:

You must document a minimum of five years of post-master’s experience in mental health services that includes at least 4,000 hours of direct service with clients.

You may substitute a conferred doctorate and/or completed internship for up to three years and 900 hours of the total required.

Completed doctoral internship: Each school year of internship counts for one year and 300 hours of experience, or the number of hours stated in the internship course requirements.

Conferred doctorate: Each school year of enrollment in a doctoral program counts for one year and 300 hours of experience.

6. Clinical Supervision Endorsement:

You must submit an endorsement form documenting a minimum of 100 hours of your own clinical supervision of individuals providing mental health services. Your supervision experience may include individual and/or group supervision, with a maximum of 10 members in a supervision group. You may use supervision of graduate students in training to fulfill this requirement.

The endorser of your supervision must be a current NCC or licensed or certified mental health provider, and must have training in clinical supervision.

(See the Clinical Supervision Endorsement Form for details.)

THE APPLICATION PROCESS

- All applications are reviewed in the order of receipt. Once your payment has been processed, CCE will review your application within approximately 10 business days. Please be sure to include all of the required information to avoid processing delays.
- If additional documentation or clarification is needed for your ACS application, CCE will contact you by e-mail.

If you have questions regarding the ACS application and credential, contact CCE:

Telephone: 336-482-2856

Fax: 336-482-2852

E-mail: credentialinfo@cce-global.org

Information about all of CCE's credentials is available at www.cce-global.org.

SUBMITTING YOUR APPLICATION

You have two options for submitting your application:

Mail: CCE; P.O. Box 63223; Charlotte, NC 28263-3223

Fax: 336-482-2852

- Please be sure to include the application fee. (This fee is nonrefundable and nontransferable.)
- All application materials must be submitted in English.
- All application materials should be submitted to CCE in one packet.
- If you are mailing your application, be sure to make copies of all your application materials before submitting the originals to CCE.

CURRENT ACS CREDENTIAL AND MAINTENANCE FEES

Fees are nonrefundable and nontransferable.

Application fee: \$150 (U.S. dollars)

Annual maintenance fee: \$50 (U.S. dollars)

You will receive an annual maintenance fee notice approximately six weeks before the credential anniversary date. If you have any concerns about your invoice, please contact CCE. Please be sure to pay the annual maintenance fee by the due date in order to maintain active status.

ACS RECREDENTIALING REQUIREMENTS

To maintain the ACS credential, you are required to adhere to CCE ethics policies and procedures and complete the recredentialing process every five years. CCE will mail you a recredentialing form approximately six weeks before the credential expiration date. In order to maintain the credential, you need to satisfy the following requirements:

1. Complete 20 clock hours of continuing education during each five-year credential cycle. Continuing education must be specific to clinical supervision. You may include documentation of having received up to nine clock hours of supervision of your work as a clinical supervisor to partially fulfill the continuing education requirement. Each year, a random sample of 10 percent of all recredentialing ACS credential holders is audited. If you are selected for audit, you will need to submit copies of course attendance certificates and/or other continuing education documentation as part of this review.
2. Accept and sign the Ethics Attestation and Applicant Agreement & Release Authorization.
3. Pay the annual maintenance fee.

ACS REINSTATEMENT REQUIREMENTS

If your ACS credential becomes inactive or expires, you will need to submit a **reinstatement application** along with the following:

- ACS reinstatement fee (currently \$50)
- Payment of any past-due fees
- Documentation of 20 hours of continuing education (if expired)

PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY

1. First Name, MI: _____
 Last Name: _____
 Previous Name(s): _____

2. Street Address: _____
 City, State/Province: _____
 ZIP/Postal Code, Country: _____

3. Home Telephone: _____
 Business Telephone: _____
 Fax: _____

FOR OFFICE USE ONLY
REF.#1: _____
BATCH #1: _____
DATE: _____
AMOUNT: _____

4. E-mail: _____
 Check here if you do NOT want your contact information shared with continuing education providers.

5. Gender: Male Female

6. Date of Birth (mm/dd/yyyy): _____

7. Ethnic Origin (optional—for statistical purposes only):
 African American Native American Asian Caucasian
 Hispanic/Latino Native Hawaiian Multiracial Other

8. I am interested in volunteering for marketing efforts standards development.

9. How did you hear about the ACS credential? _____

10. Master's and Doctoral Degrees (Please attach a copy of transcripts)

Degree	Date Conferred	Major	Attendance Dates <i>mm/yyyy to mm/yyyy</i>	Institution Name and City/State

11. Licenses/Certifications (Including NCC). Please attach a copy of license/certificate. Use additional pages if necessary.

State	License/Certificate Type	License/Certificate Number	Issue Date	Expiration Date

Applicant's Name: _____ Date: _____

12. Ethics Attestation:

(Please respond to each statement below)

1. Have you ever been or are you currently charged with a criminal offense? YES NO
2. Have you ever been or are you currently a defendant in any type of legal action related to your business or occupational activities? YES NO
3. Have you ever been or are you currently the subject of any complaint matter or disciplinary review by any government entity or professional organization? YES NO
4. Have you ever been terminated or discharged from employment for conduct reasons? YES NO
5. Have you ever been placed on probation or removed from any graduate program in which you were enrolled for reasons unrelated to grades? YES NO

If you answered "YES" to any of the above questions, you must include a complete, detailed explanation related to the response. You must also provide copies of relevant documentation, such as copies of the complaint, pleadings and compliance with final orders.

Place these materials in a sealed envelope marked "Attention: Ethics Department" and return with your application. Failure to provide required information will delay the processing of your application.

All CCE applicants are required to submit written disclosures of any:

- Criminal offense. (Note: You do not need to disclose traffic charges unless they involve drugs, alcohol, or injury to person or property.)
- Legal action related to business or occupational activities in which he or she is named as a defendant.
- Complaint matter or disciplinary review by any government entity or professional organization.
- Employment terminations due to conduct.
- Probation or removal from any graduate program for reasons unrelated to grades.

I have read the reminder of the required disclosures (above) and have submitted the required written disclosures to CCE.

 YES NO

Applicant's Name: _____ Date: _____

13. Applicant Agreement & Release Authorization:

All information I provided in this application, including supporting documentation, is accurate and complete to the best of my knowledge. If I have knowledge of any changes concerning my responses in this application, including my responses in the Ethics Attestation, I agree to report this to CCE in writing within 60 days.

I agree that CCE has the right to contact any person or organization regarding this application, and I authorize the release of any information requested by CCE to verify the accuracy. I understand that all application materials become the property of CCE and will not be returned.

I understand that credentialing through CCE depends upon my fulfillment of all required criteria and compliance with CCE policies, which include the ACS Code of Ethics and the CCE credential mark and trademark use policy. I understand that credentialing does not create membership in CCE. I understand that CCE credentialing is personal to me and may not be transferred to another individual or group.

I understand that professional biographical and credential data is considered to be public information and will be made available in response to public inquiries. I agree that data related to my participation in CCE credentialing may be used for research and statistical purposes.

I recognize that any credential granted by CCE does not represent licensure or other authorization to practice business activities for a fee. I release CCE from all liability and claims arising from any professional activity.

Signature: _____ Date: _____



COURSEWORK FORM

Standard Entry

Applicant's Name: _____ Date: _____

PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY

To qualify for the Approved Clinical Supervisor credential, you must have completed:

- A three-semester-hour graduate course in clinical supervision in a CACREP-accredited program (submit copy of transcript);
- OR**
- A 45-contact-hour NBCC-approved workshop training in clinical supervision (submit copy of certificate);
- OR**
- A graduate course or workshop that includes each of the content areas listed below.

If your clinical supervision graduate course(s) was not in a CACREP-accredited program or your workshop training(s) was not approved by NBCC, complete the information below. Indicate which course/workshop covered each content area. Include a copy of the transcript, certificate of attendance or other documents verifying course completion **and** a copy of the course syllabus or outline.

Course or Workshop Title	Date Completed	Credit Hours/Clock Hours

Content Area	Course or Workshop Covering Area
Roles and functions of a clinical supervisor	_____
Models of clinical supervision	_____
Professional development	_____
Methods/techniques in clinical supervision	_____
Supervisory relationship issues	_____
Cultural issues in clinical supervision	_____
Group supervision	_____
Legal/ethical issues in clinical supervision	_____
Evaluation of supervisee competence and the supervision process	_____



CLINICAL SUPERVISION ENDORSEMENT FORM

Standard Entry

Applicant's Name: _____ Date: _____

PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY

Note to Endorsers: You must be a current National Certified Counselor (NCC), a licensed/certified mental health provider or a licensed/certified clinical supervisor, and must have training in clinical supervision. If you do not meet these criteria, please return this form to the applicant so that he or she may ask someone else to complete it. This form verifies supervision of the ACS applicant's clinical supervision of others.

To the Center for Credentialing & Education:

I have been professionally acquainted with the named applicant and am not related to the applicant. During the period of supervision, this individual has demonstrated effective clinical supervision skills and there have been no issues relating to this individual's professional conduct. I have read the professional disclosure statement written by the applicant and attest to its accuracy. I hereby endorse this applicant to become an Approved Clinical Supervisor. I further affirm that I meet the criteria specified above.

_____ Supervisor/Endorser Name (please print)	_____ Position Title
_____ Business Address	_____ Degree
_____ City, State, ZIP Code	_____ Telephone (include area code)
_____ Profession	_____ Professional Certification or License Number
_____ State or Certifying Organization	
_____ Applicant's Position	_____ Name of Agency/Institution

I verify that this applicant has provided _____ hours of clinical services with supervisees from _____ (mm/yyyy) to _____ (mm/yyyy).

Supervisor/Endorser's Signature: _____ Date: _____



MENTAL HEALTH PRACTICE EXPERIENCE FORM

Standard Entry

Applicant's Name: _____ Date: _____

PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY

Request for Verification of Mental Health Practice Experience

I am applying to the Center for Credentialing & Education for the Approved Clinical Supervisor credential. I am required to provide documentation of five years of post-master's degree experience as a mental health practitioner, which must include at least 4,000 hours of direct services to clients. Please complete all of the information below and return to me. My application cannot be processed without this form.

Applicant's Signature

Date (mm/dd/yyyy)

Employer Verification

TO BE COMPLETED BY THE EMPLOYER

This form verifies that _____ is/was employed by this agency/
group for the period of _____ (mm/yyyy) to _____ (mm/yyyy) in the position of _____

I verify that _____ total hours were spent providing direct mental health services to clients.

Employer's Signature: _____ Date: _____

Employer Information

Note: Information below pertains to the person completing the form on behalf of the ACS applicant. Please enter your name on line 1. Items 2 and 3 might not apply.

1. Name: _____
2. Degree: _____
3. Certified/Licensed By: _____
4. Title: _____
5. Agency/Institution: _____
6. Address: _____

7. Telephone: _____
8. E-mail: _____

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