

**ATTACHMENT C: EXPERIENCE PLAN**

It is the applicant's responsibility to send this form to the appropriate supervisors. Your application will not be reviewed without the necessary forms (Supervision must be provided by a licensed NM supervisor).

Date: \_\_\_\_\_

To (Name of Supervisor) \_\_\_\_\_

In applying for a license to practice as a licensed mental health counselor in The State of New Mexico, The Counseling and Therapy Practice Board requires a signed statement by my supervisor.

**I therefore ask that you furnish the information requested on this page, place it in a sealed envelope and return to me to submit with the application.**

Applicant's Name (Please Print): \_\_\_\_\_

**SUPERVISOR'S INFORMATION (Please Print)**

\_\_\_\_\_  
First Name M.I. Last Name

\_\_\_\_\_  
Mailing Address Telephone No.

\_\_\_\_\_  
Physical Address (No. & Street Name) City/State Zip

\_\_\_\_\_  
License Title License No. State Issue Date

\_\_\_\_\_  
License Title License No.

\_\_\_\_\_  
Name of Individual Supervised (Print)

**Supervisors must comply with Title 16-Chapter 27-Part 19 approved supervisors**

**I (supervisor) understand that for the supervision to be acceptable I must provide professional supervision.**

**AFFIDAVIT AND NOTARIZATION**

**I (supervisor) declare under penalty of perjury under the laws of The State of New Mexico that the above information is true and correct. The undersigned, being duly sworn, upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect. By executing this application, the undersigned also acknowledges that he/she will receive the required supervision. I certify that all of the statements made in this application (C) are true, complete, and correct to the best of my knowledge and my belief and are made in good faith.**

\_\_\_\_\_  
Signature of Supervisor Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**BEFORE ME** on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared the above-named applicant who, being by me duly sworn upon oath, states that all statements and answers contained in this application are true and correct.

Seal

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**Please return this form to:**  
NM Counseling & Therapy  
Practice Board PO Box 25101,  
Santa Fe, NM 87505