



COUNSELING AND THERAPY PRACTICE BOARD

APPLICATION FOR APPROVED CLINICAL SUPERVISOR DESIGNATION

\$75.00 Application Fee (non-refundable)

The New Mexico Counseling and Therapy Practice Act defines eligibility of who may serve as an Approved Clinical Supervisor, and authorizes the Counseling and Therapy Practice Board to establish criteria for supervision and supervisory requirements, and to approve appropriate supervision for persons seeking licensure or registration. This supervisor designation is not a license, but recognizes a license holder who meets the eligibility and continuing education requirements to serve as a supervisor to individual practitioners with certain licenses issued by the Counseling and Therapy Practice Board.

If approved, the supervisor designation will be valid through the remainder of the current renewal cycle of the license holder. If the licensee renews their individual practitioner license, continuing education hours submitted as part of this application will qualify toward continuing education requirements for renewal of the license and will also renew the supervisor designation for the next renewal cycle. Every subsequent renewal cycle after, continuing education specific to supervision will be required to maintain a supervisor designation, including three (3) hours specific to counseling and therapy supervision; and six (6) hours specific to ethics in supervision (which cannot be counted toward the twelve (12) hours of ethics required to renew all licenses). However, continuing education hours required to maintain a supervisor designation may be used toward the total number of hours required to renew an individual practitioner license.

PLEASE COMPLETE AND PRINT THE FILLABLE FORM BELOW, AND SUBMIT IT WITH ANY REQUIRED DOCUMENTS LISTED IN THE APPLICATION ALONG WITH A CASHIERS CHECK, MONEY ORDER, OR PERSONAL CHECK (Payable to: Counseling and Therapy Practice Board) TO THE FOLLOWING ADDRESS:

Boards and Commissions Division
 Attn: Counseling and Therapy Practice Board
 P.O. Box 25101
 Santa Fe, NM 87504

IF APPROVED, YOU WILL RECEIVE NOTIFICATION OF YOUR SUPERVISOR DESIGNATION VIA EMAIL TO THE ADDRESS YOU PROVIDE BELOW.

****All licensing information provided herein is public, pursuant to the New Mexico Inspection of Public Records Act****

I. PERSONAL INFORMATION All information is required.		
Last Name:	First Name:	Middle Initial:
Mailing Address:		
Mailing City, State, Zip code:		
Phone Number:		
Email: <i>All communication regarding your application will be sent to your email address</i>		
Date of Birth (month, day, year):		



II. LICENSE INFORMATION

All applicants are required to hold a current license from the list below. A copy of your current license or official license verification must be submitted with your application only if you hold a license type listed below that is not issued by the New Mexico Counseling and Therapy Practice Board.

<p>Please select the current license type you hold:</p> <p>*requires verification of your license in good standing to be submitted</p>	<p>Licensed Professional Clinical Mental Health Counselor</p> <p>Licensed Marriage and Family Therapist</p> <p>Licensed Professional Art Therapist</p> <p>Licensed Alcohol and Drug Abuse Counselor</p> <p>Licensed Psychiatrist*</p> <p>Licensed Clinical Psychologist*</p> <p>Clinical Nurse Specialist in Psychiatry*</p> <p>Licensed Independent Clinical Social Worker*</p> <p>Licensed Psychologist*</p>	
<p>License Number:</p>	<p>Issue Date:</p>	<p>Expiration Date:</p>

III. CONTINUING EDUCATION REQUIREMENTS

All applicants must submit evidence of having completed three (3) continuing education unit hours in counseling and therapy supervision since their last renewal (or since receiving a license in New Mexico if they have not had a renewal yet). Please fill out the information below and provide copies of your certificates of completion.

COURSE NAME	DATE OF COMPLETION	CEU HOURS

IV. ADDITIONAL REQUIREMENTS

All applicants must submit evidence of either one of the following two options (check selection options below):

- 1) Completing six (6) additional continuing education unit hours pertaining to ethics in supervision
- OR**
- 2) Holding a current supervision credential through the applicable national professional association

<p>Supervision credential by a national professional association <i>You must submit a copy of your current certification</i></p>	<p>Additional CEU (6 hours of ethics in supervision) <i>You must fill out the information below and provide copies of your certificates of completion</i></p>	
<p>COURSE NAME</p>	<p>DATE OF COMPLETION</p>	<p>CEU HOURS</p>



5. AFFIDAVIT:

I, _____, under penalty of perjury, HEREBY DEPOSE AND STATE, that I am at least twenty-one (21) year of age, and I am the person described and identified in this application and the information given by me is true and complete to the best of my knowledge and belief. I am not using any controlled substances, as defined in the Controlled Substances Act [Chapter 30, Article 31 NMSA 1978], or using a mood-altering substance or alcoholic beverage to an extent or in a manner dangerous to myself or any other person or the public or to an extent that the use impairs my ability to perform the work of a counselor or therapist practitioner. I understand that any information contained in this application may be investigated and any false or dishonest answer to any question in this application may be grounds for denial, suspension, or revocation of my license or supervisor designation.

Applicant's Signature _____ Date _____

THE BOARD DOES NOT HAVE THE AUTHORITY TO GRANT A WAIVER OF ANY REQUIREMENT.

IF THIS APPLICATION IS SUBMITTED WITHOUT THE INFORMATION OR DOCUMENTS REQUIRED ABOVE, IT IS CONSIDERED INCOMPLETE AND CANNOT BE PROCESSED. AFTER SIX (6) MONTHS FROM DATE OF RECEIPT, INCOMPLETE APPLICATIONS ARE CONSIDERED NULL AND VOID AND WILL REQUIRE A NEW APPLICATION IN ORDER TO APPLY AGAIN.

PLEASE ENSURE THAT YOU HAVE COMPLETED THE ENTIRE APPLICATION. AFTER COMPLETING, PRINT THIS FORM AND SUBMIT IT WITH ANY REQUIRED DOCUMENTS LISTED IN THE APPLICATION ALONG WITH A CASHIERS CHECK, MONEY ORDER, OR CHECK (Payable to: New Mexico Regulation and Licensing Department) TO THE FOLLOWING ADDRESS:

Boards and Commissions Division
P.O. Box 25101
Santa Fe, NM 87504

FOR BOARD OFFICE STAFF USE ONLY

Receipt #:	Deposit Date:	Fee Amount:	CK/MO:
	/ /	\$	

