

Application for Clinical Supervision, Supervisor: Eric Groh, LPC CPCS ACS
2801 Buford Highway NE Suite 550-B Atlanta GA 30329

Applicant/ Supervisee Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Please list all current work settings:

1) Name of Directed Experience Work : _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Name of Director/ Direct Report: _____ Title: _____

(If Applicable) License Type _____ License # _____

Telephone: _____ May we contact your employer? _____

2) Name of Directed Experience Work: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Name of Director/ Direct Report: _____ Title: _____

(If Applicable) License Type _____ License # _____

Telephone: _____ May we contact your employer? _____

Have you been in personal psychotherapy at any point in time for at least 12 months consecutive?

Yes No

What mode of supervision are you seeking? Please circle one.

Face-to-face Telesupervision

In a single sentence, what do you desire in a supervisor_____

Have you ever been the subject of a state licensing board complaint?_____

If applicable, list violation and legal or disciplinary action.

Please list all states where you are or were licensed through any state regulatory board. Please indicate type and license number_____

Have you been convicted of a felony? If yes, please describe._____

The following is the paragraph in Georgia Code Section (43-10A-3-10) that defines Scope of Practice Law for Professional Counseling and LPC's. Strike a line through all activities that *do not* apply to your job description.

"Professional counseling" means that specialty which utilizes counseling techniques based on principles, methods, and procedures of counseling that assist people in identifying and resolving personal, social, vocational, intrapersonal and interpersonal concerns; utilizes counseling and psychotherapy to evaluate, diagnose, treat, and recommend a course of treatment for emotional and mental problems and conditions, whether cognitive, behavioral, or affective, provided that the counselor shall have training and experience working with people with mental illness, developmental disability, or substance abuse; administers and interprets educational and vocational assessment instruments and other tests which the professional counselor is qualified to employ by virtue of education, training, and experience; utilizes information, community resources, and goal setting for personal, social, or vocational development; utilizes individual and group techniques for facilitating problem solving, decision making, and behavior change; utilizes functional assessment and vocational planning and guidance for persons requesting assistance in adjustment to a disability or disabling condition; utilizes referral for persons who request counseling services; performs service planning; and utilizes and interprets counseling research.

I attest that all information provided herein is to the best of my knowledge accurate and correct.

Applicant Signature: _____ Date: _____

Upon completion, fax to: 404-631-6394 or email: eric@concentrateonyou.net