

LGPC SUPERVISION SUBSIDY APPLICATION

(applicant completes)

Applicant Name: _____

Home address: _____

Telephone number: _____

Email: _____

LGPC license number: _____ LCPCM Member? _____ Yes _____ No

Graduate school Program: _____

Year of graduation: _____

By signing, I agree to the terms of this subsidy program and will notify LCPCM of any change in my employment or contract or if an LCPC supervisor becomes available on site.

_____ signature _____ date

Work Site Information

Agency/Organization Name: _____

Address: _____

Name of Director or site supervisor: _____

Contact Telephone Number: _____

Number of hours providing professional clinical counseling: _____

Salary or Fee per hour: _____

Onsite supervisor's license type: _____

Additional Agency/Organization Name: _____

Address: _____

Name of Director or site supervisor: _____

Contact Telephone Number: _____

Number of hours providing professional clinical counseling: _____

Salary or Fee per hour: _____

Onsite supervisor's license type: _____

LCPC Board Approved Supervisor Contract

(For supervisor to complete and return to applicant to submit as part of the application package)

Dear Supervisor,

The Licensed Clinical Professional Counselors of Maryland (LCPCM) has a supervision subsidy program for LGPCs who cannot obtain their clinical supervision from their work site. They are eligible for assistance if their work site cannot provide the LCPC supervision required for the LCPC license. If approved, your supervisee will receive a subsidy from our association to help pay for individual and/or group supervision. LCPCM will reimburse \$50 per hour for individual supervision. The total subsidy per LGPC is \$2,500. Group supervision will not be reimbursed.

Our payments will be made directly to you. Your supervisee is responsible for the remainder of your fee. We only ask that you send the attached invoice to be reimbursed for your services. If you agree to this arrangement, please complete the following questions. Give this completed page to your prospective supervisee to submit with his/her application and make copies of the invoice for yourself. Thank you.

Your Name: _____

Address: _____

LCPC license number: _____ email: _____

Do you commit to invoice LCPCM at least monthly? _____

What is your customary fee for supervision? _____

By signing below, I agree to the terms of this arrangement and understand the following:

- 1) Invoices must be submitted within a month of services provided, to be reimbursed.
- 2) The applicant's supervision subsidy is limited to a maximum \$2,500.
- 3) If the supervisee changes jobs or position and has supervision on site of employment, the supervisor agrees not to invoice LCPCM and understands that the subsidy will no longer be available.

Supervisor Signature: _____

Date: _____



Worksite Verification

(For worksite to complete and return to applicant to submit as part of the application package)

Applicant's Name: _____

Name of Agency/Organization: _____

Location: _____

Services Provided:

Please answer yes or no:

- Can you confirm the employment of, or contract for services with, the applicant is to provide clinical counseling services? _____
- Can you confirm that a LCPC Board Approved Supervisor is not available on site to supervise the applicant? _____

Your Name: _____ Signature: _____

Date: _____

Position or title: _____

Thank you!