

Request for Supervisor Exemption Counseling

Name: _____ Phone: _____

Address: _____ SSN: _____

Dear Applicant:

A.A.C. R4-6-504(D) states that supervision must be by a professional counselor, clinical social worker, marriage and family therapist, psychologist or medical doctor with a specialty in psychiatry licensed in Arizona. If your supervision was not provided by a professional listed in A.A.C. R4-6-504(D), you must request an exemption. To request an exemption, please complete this form and return it to the Board. You may copy this form as needed.

I am requesting an exemption to the supervision rule according to A.A.C. R4-6-504(E). My supervision has been as follows:

Supervisor's name: _____

Supervisor's credentials and state where credentials are held (degrees, licenses, etc.): _____

Supervision dates (time frame): _____

Supervision hours: _____

Individual: _____ Group: _____

Agency/Location where supervision took place: _____

If your supervisor was not a professional listed in A.A.C. R4-6-504(D), you must provide a statement explaining why you feel you received the appropriate supervision:

Signature: _____ Date: _____

A copy of your supervisor's curriculum vitae or resume, a copy of their graduate transcript and proof of compliance with AAC R4-6-212(J) must be attached to this form. If the curriculum vitae or resume, transcript, certificates of completion and course descriptions for CE (compliance with AAC R4-6-212(J)) are not attached, or if this form is incomplete, your request will not be processed and the form will be returned to you for completion.