

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 and transcript 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.