



**New Jersey Office of the Attorney General**  
Division of Consumer Affairs  
State Board of Marriage and Family Therapy Examiners  
Professional Counselor Examiners Committee  
124 Halsey Street, 6th Floor, P.O. Box 45044  
Newark, New Jersey 07101  
(973) 504-6582

## HOW TO SUBMIT YOUR PROPOSED PLAN OF SUPERVISION

### For Supervisees

1. Log into the application portal and select "**Manage Prerequisite.**"
2. Under Manage Prerequisite, click "**Continue.**"
3. On the next page, select whether to "**Add**" or "**Remove**" a supervisor.
4. Enter your supervisor's license number to search for and select them.
  - o If your supervisor meets the supervision criteria, they will be added successfully.
  - o If your supervisor is not a NJ licensee, they must submit Plan to our email:  
[DCA\\_Professional\\_Counselors@dca.njoag.gov](mailto:DCA_Professional_Counselors@dca.njoag.gov)
  - o If your supervisor does not meet the criteria, pursuant to N.J.A.C. 13:34-13.1(a)1 and 2), you will receive the following message: "*Minimum period of licensure not met.*" In this case, you must select a different supervisor.
5. Once the correct supervisor is selected, click "**Complete,**" then click "**Submit**" on the next page.
6. A receipt will appear confirming your submission. The confirmation email is not an approval of supervision. It only indicates that the Plan was received.

### For Supervisors

1. Once your supervisee (LAC) enters your name, you will receive an email notification stating: [A supervisee] "*has submitted an application that requires your approval.*"
2. Log into the application portal and click "**Prerequisite Approval.**"
3. On the next page, under "**Pending Prerequisite Information,**" review the request and choose to either **accept** or **deny** supervision. If supervision is denied a separate email detailing the reason (s) will follow.
4. If you accept the request, submit the Plan of Supervision online through your profile on the New Jersey licensing portal: [MyLicense Online Licensing for the New Jersey Division of Consumer Affairs](#)
5. To upload the required documentation:
  - o Click "**Choose File**"
  - o Select the appropriate document and click "**Upload Document.**"
  - o Click "**Back to Prerequisites.**"
  - o Click "**Submit.**"
6. A receipt will appear confirming your submission. The confirmation email is not an approval of supervision. It only indicates that the Plan was received

## Final Review Process

- The supervisee will receive an email confirmation stating:  
*"Your supervisor has approved your request."*
- The **Board or Committee** will review the submission, and your status will be updated accordingly. NOTE: Hours accrued without an approved plan may not be accepted by the Committee towards licensure.

N.J.S.A. 45:8B-50. Supervision for associate counselor required

No licensed associate counselor shall practice without direct supervision by a licensed professional counselor or a supervisor acceptable to the committee. The plan for supervision of the licensed associate counselor shall be approved by the committee prior to any actual performance of counseling by the licensed associate counselor.



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<b>For Official Use Only</b>
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____

**Proposed Plan of Supervised Counseling Experience**  
 (This form should be completed by the supervisor and forwarded directly to the Committee.)

**Please print clearly.**

Name of applicant: \_\_\_\_\_  
Last name First name Middle initial

Applicant's address: \_\_\_\_\_  
Street or P.O. Box City State ZIP code

Associate Counselor license number: \_\_\_\_\_

**Supervisor's Information**

\_\_\_\_\_  
Last name First name Middle initial Other names if applicable

Business name: \_\_\_\_\_  
Type of business (nonprofit, for profit, group, private, etc.)

\_\_\_\_\_  
Business address

\_\_\_\_\_  
City State ZIP code

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
(include area code)

- (1) **YOU [THE SUPERVISOR] MUST ATTACH YOUR CURRENT RESUME/CURRICULUM VITAE, A COPY OF THE SUPERVISORY CREDENTIAL, and**
- (2) **OFFICIAL JOB DESCRIPTION FOR THE ASSOCIATE COUNSELOR.**
- (3) **PURSUANT TO N.J.A.C. 13:34-13.1(c) THE WRITTEN SUPERVISION PLAN SHALL BE APPROVED BY THE COMMITTEE PRIOR TO THE PERFORMANCE OF COUNSELING BY THE ASSOCIATE COUNSELOR.**

**Qualified supervisor: N.J.A.C. 13:34-10.2 and 13.1(a) (Check all that apply.)**

- ACS (NBCC-Issued)  Three (3) graduate credits: Clinical Supervision  Other: \_\_\_\_\_  
 (Attach official verification for area(s) you checked.)

**Licensure of supervisor: N.J.A.C. 13:34-10.2 and 13.1(a) (Check all that apply.)**

- Completed a minimum of 3 years' (4,500 hours) experience as licensed (checked below):
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Marriage and Family Therapist | <input type="checkbox"/> Professional Counselor | <input type="checkbox"/> Licensed Clinical Social Worker |
| <input type="checkbox"/> Psychologist                  | <input type="checkbox"/> Psychiatrist           | <input type="checkbox"/> Rehabilitation Counselor        |
- Other: \_\_\_\_\_

Type of license or certificate	Number	State or jurisdiction issuing license or certificate	Date of initial issue/expired

1. Have any of the supervisor's licenses ever been suspended, revoked or restricted?  Yes  No  
 If "Yes," attach documentation and an explanation to this form.

2. Where will client contact and supervision take place?

\_\_\_\_\_  
Agency name Address Telephone number (include area code)

Agency tax status:  For-profit  Not-for-profit

3. Graduate school attended: \_\_\_\_\_

Major: \_\_\_\_\_ Highest degree earned: \_\_\_\_\_

4. Is there any circumstance that precludes your objective assessment of the applicant?  Yes  No  
If "Yes," please explain on a separate sheet of paper. N.J.A.C. 13:34-13.1 (Examples: current and former clients, current employers (employees may not supervise employers), relatives of the supervisor, relatives of current clients, current students or close friends.)

5. N.J.A.C. 13:34-13.1(g)  
Prior to the treatment of each client, supervisors are required to obtain a written disclosure that is: easily readable, clearly understood, signed by the client and retained in the client's record. The disclosure must also acknowledge notice that services are to be rendered by an associate counselor under the supervision of a qualified supervisor.

6. Does the proposed supervisor have any other individuals under clinical supervision? (See N.J.A.C. 13:34-3.1(f).)  Yes  No  
If "Yes," provide the names of the other individuals and the total number of supervisees:  
\_\_\_\_\_

7. What is the proposed number of direct client contact hours you plan to meet WEEKLY? (See N.J.A.C. 13:34-10.2, "One Calendar Year" means a maximum of 1,500 hours/year, 125 hours/month, 30 hours/week.)  
Couples \_\_\_\_\_ Families \_\_\_\_\_ Individuals \_\_\_\_\_ Groups \_\_\_\_\_

8. What is the proposed number of hours of supervision you plan to meet WEEKLY?  
Individual or Dyad (two people) \_\_\_\_\_ Group \_\_\_\_\_  
(N.J.A.C. 13:34-10.2 requires at least 50 hours of face-to-face supervision per one calendar year at the rate of one hour per week, of which not more than 10 hours may be group supervision.)

9. What are the inclusive dates with the above supervisor? Beginning: \_\_\_\_\_ Anticipated Ending: \_\_\_\_\_  
month/day/year month/day/year

10. Type of supervisory modalities to be utilized: (See N.J.A.C. 13:34-13.1(b) and check all that apply. At least one must apply.)  
Note the supervision requirements at N.J.A.C. 13:34-13.1(b), (c) and (d)1, 2 and 3.  
 Audiotape  Videotape  Session observation/Live supervision

11. Do you agree to maintain weekly supervision notes which will be made available to the Committee upon request?  Yes  No

12. Describe the proposed client services you are contracting to provide, pursuant to N.J.A.C. 13:34-10.2 (**please include the applicant's detailed job description**). (Add separate pages as needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Has the applicant read the statutes and regulations of New Jersey that govern the practice of professional counseling?  Yes  No  
(N.J.S.A. 45:8B-34 et seq. and N.J.A.C. 13:34-10.1 through 31.8)

14. Has the supervisor read the pertinent statutes and regulations of New Jersey?  Yes  No  
(N.J.S.A. 45:8B-34 et seq. and N.J.A.C. 13:34-10.1 through 31.8)

15. According to your understanding, what are the personal learning objectives of the supervisee?

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16. To your knowledge, will the supervisee have more than one supervisor in the above or another setting during the inclusive dates?

Yes  No

If "Yes," please advise the supervisee to request that a separate form be submitted by that supervisor.

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Applicant's signature \_\_\_\_\_ Proposed supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

**THE SUPERVISOR IS REQUIRED TO IMMEDIATELY NOTIFY THE PROFESSIONAL COUNSELOR EXAMINERS COMMITTEE OF ANY CHANGES IN THE EMPLOYMENT OF EITHER THE APPLICANT OR THE SUPERVISOR.**

**Certification**

I certify that all of the foregoing information provided herein is true and if any information provided by me is willfully false, I am subject to punishment.

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit the following with the completed Plan:

1. Supervisor Resume
2. Copy of Supervisory credential
3. Associate Counselor's Official job description on agency/practice letterhead pursuant to N.J.A.C. 13:34-10.2