



**PROTECTIVE
HEALTH
SERVICES**

**Oklahoma State Department of Health
Protective Health Services
Professional Counselor Licensing
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LMFT EVALUATION OF SUPERVISED EXPERIENCE

310:400-11-4. Duration of supervised experience

(a) Work experience under supervision must extend over a minimum of 24 months. This marital and family therapy related experience must include a minimum of 1000 hours of direct client contact. The candidate must have a minimum of 250 relational hours with two or more members of the relational system present in the session.

(b) Supervision sessions:

(1) should be scheduled weekly and shall be no less than 6.25 hours of supervision for each 42 hours of direct client contact. No more than 42 hours of direct client contact can be counted in a four week period of time, or

(2) may be arranged on a different schedule upon:

(A) written request of the supervisor and supervisee in advance, and

(B) approval of the schedule by the Department.

(c) Total number of face-to-face supervision hours must be at least 150. Supervision in group sessions shall equal no more than 75 hours of the total requirement. Technology-assisted supervision shall not account for more than 75 hours of the total requirement.

Name of Supervisee: _____

Current Place of Employment: _____

Name of Supervisor: _____

Name of place of supervision: _____

Address of place of supervision: _____

City, State: _____ Zip: _____

Dates of supervised experience for this evaluation period: From: _____ To: _____

Total number of supervised experience hours this six-month evaluation period: _____

Total number of direct client contact hours for this six-month evaluation period: _____

Total number of relational hours for this six-month period: _____

Total number of direct face-to-face supervision hours for this six-month evaluation period: Individual: _____

Group: _____

Describe the types of clients seen by supervisee at the current setting:

Record the number of hours of direct client contact in each of the following categories:

Individual: _____

Family: _____

Couples: _____

Group: _____

Rate your supervisee in comparison to other professionals with commensurate experience. Place an "X" under the appropriate skill level.

No observation Needs improvement Acceptable Above average skill

Individual treatment: _____

Group treatment: _____

Marital treatment: _____

Child treatment: _____

Assessment/diagnosis: _____

Treatment planning: _____

Makes appropriate referrals: _____

Consults with other professionals: _____

Conducts research: _____

Knows licensing law and rules: _____

Conforms to Rules of Professional Conduct: _____

Is prompt current on paperwork and records: _____

Cares for own mental health: _____

Utilizes supervision sessions effectively: _____

Maintains professional boundaries: _____

Stays within limits of competence level: _____

Keeps current with professional literature: _____

Dates of observations (live or tape) for this six-month period: _____ and _____

Date(s) of contact with on-site supervisor for this six-month period: _____

Additional Supervisor comments:

