Andy Beshear
GOVERNOR

Jacqueline Coleman
LIEUTENANT
GOVERNOR

PUBLIC PROTECTION CABINET
Kentucky Department of Professional Licensing
Kentucky Board of Licensed Professional Counselors
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DJ Wasson
SECRETARY

Brian Raley
DEPUTY
SECRETARY

Kristen Lawson
COMMISSIONER

LPCA SUPERVISION AGREEMENT DEFICIENCY REMEDIATION TERMS AND CONDITIONS

To remediate a deficiency where an LPCA is working, or has worked, in a job location that was not specifically approved by the Board (regardless of a change in Supervisor), and **to use those hours to qualify for LPCC licensure now, or at any time in the future,** the following requirements shall be met:

A. For any current job placement with no Board-approved Supervision Agreement, the LPCA shall:

1. Submit a new supervision agreement for the current location for review and approval of any ***future*** hours; and,
2. For the consideration of credit for ***past*** hours at that same location, submit (1) the number of hours of experience gained, and (2) the "Affidavit of Clinical Experience for Remediation of Supervision Requirements" that the job was clinical pursuant to KRS Chapter 335 and 201 KAR 36:060, including 1. Assessment, 2. Diagnosis, and 3. Treatment of specific individuals or groups, and 4. A broad exposure and opportunity for skill enhancement with a variety of developmental issues, disfunctions, diagnoses, acuity levels, and population groups; and,
3. The "Affidavit of Clinical Experience for Remediation of Supervision Requirements" must be signed by (1) the LPCA, (2) the clinical supervisor/LPCC-S, and (3) the employer representative over clinical mental health services verifying the position meets the clinical requirement by KRS Chapter 335 and 201 KAR 36:060, including assessment, diagnosis, and treatment of specific individuals or groups, and a broad exposure and opportunity for skill enhancement with a variety of developmental issues, disfunctions, diagnoses, acuity levels, and population groups; and
4. For your convenience, the Board has prepared an "Affidavit of Clinical Experience for Remediation of Supervision Requirements" which contains the necessary elements to qualify for this offer of remediation. Any other Affidavit used for this offer must meet the same standards to ensure the job meets the statutory and regulatory requirements to qualify as clinical experience.
5. **THE DEADLINE FOR SUBMITTAL OF THE REQUIRED DOCUMENTS IS OCTOBER 31, 2026.**

B. For prior job placements the LPCA wishes to use for the qualifying hours of required clinical experience where there is no Board-approved Supervision Agreement the LPCA shall:

1. Submit a list of prior job placements intended to be used for hours, the number of hours intended to be used at each location, and an official job description for that position on letterhead from the employer; and
2. Submit an "Affidavit of Clinical Experience for Remediation of Supervision Requirements" signed by (1) the LPCA, (b) the clinical supervisor/LPCC-S, and (3) the employer representative over clinical Mental Health services for the employer, verifying the position meets the clinical requirements of KRS Chapter 335 and 201 KAR 36:060, including: 1. Assessment, 2. Diagnosis, and 3. Treatment of specific individuals or groups, and 4. A broad exposure and opportunity for skill enhancement with a variety of developmental issues, disfunctions, diagnoses, acuity levels, and population groups; and,
3. For your convenience, the Board has prepared an "Affidavit of Clinical Experience for Remediation of Supervision Requirements" which contains the necessary elements to qualify for this offer of remediation. Any other Affidavit used for this offer must meet the same standards to ensure the job meets the statutory and regulatory requirements to qualify as clinical experience; and,
4. **THE DEADLINE FOR SUBMITTAL OF THE REQUIRED DOCUMENTS IS OCTOBER 31, 2026.**

C. For LPCA's who intend to claim clinical hours of experience when they are/were working in their own solo or private practice and do/did not have an employer:

1. Submit a notarized affidavit signed by (1) the LPCA, (b) the clinical supervisor/LPCC-S, on the "Affidavit of Clinical Experience for the Remediation of Supervision Requirements for Solo Practitioners" verifying:
   a. That the job was clinical pursuant to KRS Chapter 335 and 201 KAR 36:060, including a: 1. Assessment, 2. Diagnosis, and 3. Treatment of specific individuals or groups, and 4. A broad exposure and opportunity for skill enhancement with a variety of developmental issues, disfunctions, diagnoses, acuity levels, and population groups; and
   b. That the LPCA is or was operating a business independently.
2. For your convenience, the Board has prepared an "Affidavit of Clinical Experience for Remediation of Supervision Requirements" which contains the necessary elements to qualify for this offer of remediation. Any other Affidavit used for this offer must meet the same standards to ensure the job meets the statutory and regulatory requirements to qualify as clinical experience; and
3. **You must also provide the following documentation:**
   a. A supervision log detailing the subject matter of supervision sessions, the dates and hours accrued, and provide a narrative of how the supervisor performed the following:
      1. Management, oversight, and direct supervision;
      2. Took responsibility for the professional clinical counseling practice of the supervisee, including the supervisor's plan used for reviewing clinical documentation, viewing the supervisee's client sessions in face-to-face format, recorded format, or both if available, as required by 201 KAR 36.060. Section 2
   b. A limited set (a minimum of 3 clients) of representative examples of written clinical work. These examples may include de-identified progress notes,

evaluations, or treatment summaries that provides a comprehensive and accurate representation of clinical work; and

4. **THE DEADLINE FOR SUBMITTAL OF THE REQUIRED DOCUMENTS IS OCTOBER 31, 2026**.

RESTRICTIONS, LIMITATIONS, AND DEADLINES:

1. **This opportunity for remediation is only available through the annual renewal period ending October 31, 2026**. The Board's affidavits for the remediation of supervision requirements will become null and void upon expiration of this remediation opportunity and any future attempt to use these Affidavits will not be considered. **There is no grace period for this remediation opportunity.**
2. Failure to strictly comply with the terms of this offer by October 31, 2026 will result in a loss of the ability to remediate the supervision deficiency and render the Board unable to consider hours of experience in an unapproved location after October 31, 2026.[1]
3. Uploading a new Supervision Agreement for changes in job placements with a renewal application or otherwise is not a proper method of seeking Board approval. Any LPCA who has not received written Board-approval of a new supervision agreement for a specific job has a supervision agreement deficiency and must follow the terms of this offer no later than October 31, 2026, for the Board's consideration of those hours for LPCC licensure.
4. There has been confusion regarding the regulatory requirement for the submission of a new Supervision Agreement for a change in job title, or a change in the job duties, with the same employer. **A new Supervision Agreement is required for any such change, regardless of whether an LPCA has the same clinical supervisor.**
5. **Failure to comply with this offer of remediation by October 31, 2026, may result in the LPCA and LPCC-S having disciplinary action taken by the Board if there is a later attempt to use hours at unapproved locations for LPCC licensure.**
6. A copy of the Supervision Agreement has been attached for your convenience. However, you may submit a Supervision Agreement for any current job placement under A.1. above through your eServices account.
7. If you have any questions relating to the Board's offer to remediate supervision agreement deficiencies, the best method of communication is via email at lpc@ky.gov. **Please allow up to five (5) business days for a response before sending another email inquiry.**

DISCLAIMER:

1. The Board states and affirms it was acting within its statutory authority pursuant to KRS 335.515(7), 335.540, and 201 KAR 36:050, and its denial hours for LPCC licensure due to unapproved job placements/settings, or where there were changes

[1] **This applies to all LPCAs regardless of when they intend to apply for LPCC licensure**. If an LPCA wants to use hours of experience for LPCC licensure now, or at any time in the future, they must comply with the terms of this offer **no later than October 31, 2026**, for the Board to consider hours when there is no Supervision Agreement approved by the Board for a specific job placement/setting, job title, or job description.

in job title, or changes in job description made after a Supervision Agreement was made in good faith while executing its lawful duties.

2. The Board's decision to authorize the opportunity to remediate supervision agreement deficiencies in order to allow LPCAs to use hours of experience in unapproved settings does not constitute an admission that its denial of LPCC licensure due to unmet hours of clinical experience in settings prior to the experience being obtained was improper or was not made in good faith under Kentucky's governing statutes and regulations.
3. **This offer to remediate supervision deficiencies does not restrict the Board's ability to independently determine whether past work experience qualifies for required hours, using all available documentation provided by the applicant.**

Attachments:

1. DPL-LPC-02 - Supervision Agreement, Rev. July 2023
2. Affidavit of Clinical Experience for Remediation of Supervision Requirements Form
3. Affidavit of Clinical Experience for Remediation of Supervision Requirements for Solo Practitioners Form

KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS

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LPCA SUPERVISION AGREEMENT

SECTION 1: APPLICANT INFORMATION

Last Name:	First Name:	Middle Initial	Previous Name:
Mailing Address: Street	City	State	Zip Code
Business Address: Street	City	State	Zip Code
( ) Telephone Number:	Email Address:		

SECTION 2: SUPERVISOR INFORMATION

Last Name:	First Name:	Middle Initial	Previous Name:
Mailing Address: Street	City	State	Zip Code
Business Address: Street	City	State	Zip Code
( ) Telephone Number:	Email Address:		
License Type:	License No.:	Date of Issue:	Expiration Date:

Attach a copy of the license.

Do you hold a designation as a licensed professional clinical counselor supervisor? ☐ Yes ☐ No

Current Number of LPCA Supervisees:

SECTION 3: SUPERVISED EXPERIENCE

Position Title:		
Name of organization or agency where you will be supervised. (Attach additional sheets, if necessary.)		
City:	State:	Zip Code:

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Average number of hours expected to be gained per week:

SECTION 3: SUPERVISED EXPERIENCE (Cont.)	
TYPE OF SETTING	
☐ Government Agency	☐ Hospital
☐ Non-Profit	☐ Private Practice
☐ School (Describe:)	☐ Volunteer
TYPE OF COUNSELING EXPERIENCE (CHECK ALL THAT APPLY):	
☐ Rehabilitation	☐Career & Vocational
☐ Child & Adolescent	☐Drug & Alcohol
☐ General	☐Group
☐ Marriage & Family	☐Other (Describe):

Describe specifically, and in detail, what experience will be obtained to meet the criteria for: Direct responsibility for a specific individual or group of clients; and broad exposure and opportunity for skill enhancement with a variety of developmental issues, dysfunctions, diagnoses, acuity levels and population groups. 201 KAR 36:060

Describe specifically, and in detail, how supervision will focus on: (a) the appropriate diagnosis of a client problem leading to proficiency in applying professionally recognized clinical nomenclature; the development and modification of the treatment plan; the development of treatment skills suitable to each phase of the therapeutic process; ethical problems in the practice of professional counseling; and the development and use of the professional self in the therapeutic process. 201 KAR 36:060.

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Describe specifically, and in detail, how the supervisor will manage, oversee, and direct supervision and take responsibility for the professional clinical counseling practice of the supervisee, including the supervisor's plan for reviewing clinical documentation, viewing the supervisee's client sessions in face-to-face format, recorded format, or both if available; and communicating with the supervisee's administrative supervisor, if applicable, regarding the supervisee's performance. 201 KAR 36:060. Section 2.

APPLICANT VERIFICATION

I, _____,the applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- I have read the Board's statutes and regulations related to supervised experience and that all supervised experience will be completed in accordance with board rules.
- I will meet with my supervisor approximately one hour each week with a minimum of three hours per month of documented supervised experience.
- I will abide by all rules of the board, including the ethics requirements.
- I understand the associate license is only valid while I practice under supervision.
- I will notify the board if this supervisory arrangement is terminated; and
- I understand any additional supervisors and settings shall be approved by the board in advance.

Signature of Applicant:	Date:
Printed Name:	

SUPERVISOR VERIFICATION

I, _____, the board approved supervisor of the above-named applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- All supervised experience will be completed in accordance with the statues and regulations related to supervised experience and all subsequent board rules.
- I will provide supervision to the above name applicant at least one hour during each week of documented experience.
- I understand the full professional responsibility for services of the supervisee shall rest with the supervisor.

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- I understand the supervisory arrangement is only valid while my license remains active.
- I will notify the board if the supervisory arrangement is terminated.
- I understand that I shall not serve as a supervisor of record for more than nine (9) persons obtaining experience for LPCC licensure at the same time.

Signature of Supervisor:	Date:
Printed Name:	

APPLICANT/SUPERVISEE AGENCY VERIFICATION FOR OFF-SITE SUPERVISION ONLY

I, _____, agency representative of the above-named applicant/supervisee, having proper authorization to agree on behalf of the agency, agree that the above-named supervisor shall have access to the following information relating to the applicant/supervisee:

- The applicant/supervisee's clinical documentation and records
- The applicant/supervisee's client sessions in face-to-face format, recorded format, or both, if available.
- The name and contact information for the applicant/supervisee's administrative supervisor, if applicable.
- Open communication with the applicant/supervisee's administrative supervisor, if applicable, regarding the supervisee's performance.

Signature of Agency Representative:	Date:
Printed Name:	

<u>This agreement shall not be effective until the board has issued a letter of approval of this agreement.</u>

THE APPLICANT AND SUPERVISOR MUST KEEP A COPY OF THIS FORM FOR RECORDS.

A FEE MAY BE APPLICABLE IF COPIES ARE REQUESTED FROM THE BOARD.

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AFFIDAVIT OF CLINICAL EXPERIENCE FOR REMEDIATION OF SUPERVISION REQUIREMENTS

Read these instructions and the affidavit very carefully before signing. Any case of false swearing is criminal and may be fully prosecuted by the law.

INSTRUCTIONS

This form has been designed so the LPCA can provide the pertinent section to the appropriate individuals for signature and notarization. **Each section of this form must be completed, signed, and notarized by the appropriate party, and returned to the LPCA for submission to the Board**.

The LPCA is responsible for submitting a COMPLETE form, consisting of three (3) pages not including these instructions, to the Board. **Partial forms will not be considered and will be returned to sender.**

For any position to be reconsidered, the position's official job description on the employer's letterhead must be submitted with the Affidavit.

A completed form, with the official job description, must be submitted no later than October 31, 2026, for the Board's reconsideration of hours of experience to fulfill the requirements of KRS 335.525(1)(e) and 201 KAR 36:060. There are no exceptions.

Use of this form expires on October 31, 2026.

NOTICE AND DISCLAIMER

This offer to remediate supervision deficiencies does not restrict the Board's ability to independently determine whether past work experience qualifies for required hours, using all available documentation provided by the applicant.

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SECTION I. AFFIDAVIT OF THE LPCA/SUPERVISEE

Comes the Affiant, _____, License No. _____and after having been duly sworn, hereby states under oath as follows:

I hereby swear or affirm as follows:

1. I was employed by _____ (job placement/setting) as a _____(job title), with the attached job description.
2. I was employed for the period beginning _____ and ending _____, for the job placement/title/description.
3. I affirm, during the course of my employment in this job placement/setting/title/description, I obtained clinical experience as required by KRS Chapter 335 and 201 KAR 36:060, Section 5(1) and Section 6(1,) including:
   a. Assessment,
   b. Diagnosis, and
   c. Treatment of specific individuals or groups, and
   d. A broad exposure and opportunity for skill enhancement with a variety of developmental issues, disfunctions, diagnoses, acuity levels, and population groups.

I understand that this statement is made under oath. I understand that if the information in this affidavit, concerning my employment, is later shown to be false, the Board reserves the right to pursue all administrative remedies available up to and including suspension or revocation of the license in accordance with KRS Chapter 13B.

I hereby swear and affirm, to the best of my ability, the above facts and statements are true and correct.

Further, Affiant sayeth naught.

_____
LPCA Signature

STATE OF _____)

COUNTY OF _____)

Subscribed to and acknowledged before me this _____ day of _____, 20___.

_____	_____	_____
Notary Name Printed	Notary Signature	Commission Expiration Date

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SECTION II. AFFIDAVIT OF THE LPCC-S/CLINICAL SUPERVISOR

Read this affidavit very carefully before signing. Any case of false swearing is criminal and may be fully prosecuted by the law.

Comes the Affiant, _____, License No. _____and after having been duly sworn, hereby states under oath as follows:

I hereby swear or affirm as follows:

1. That I was the Board-approved Clinical Supervisor of _____(Supervisee), an LPCA who was employed by _____ (job placement/setting) as a _____(job title).
2. That the Supervisee was employed in this position for a period beginning _____ and ending _____, during which time I supervised the Supervisee's practice of professional counseling.
3. That during the course of the Supervisee's employment in this job placement/setting/title/description, The Supervisee obtained clinical experience as required by KRS Chapter 335 and 201 KAR 36:060, Section 5(1) and Section 6(1,) including:
    a. Assessment,
    b. Diagnosis, and
    c. Treatment of specific individuals or groups, and
    d. A broad exposure and opportunity for skill enhancement with a variety of developmental issues, disfunctions, diagnoses, acuity levels, and population groups.

I understand that this statement is made under oath. I understand that if the information in this affidavit, concerning my employment, is later shown to be false, the Board reserves the right to pursue all administrative remedies available up to and including suspension or revocation of the license in accordance with KRS Chapter 13B.

I hereby swear and affirm, to the best of my ability, the above facts and statements are true and correct.

Further, Affiant sayeth naught.

_____
LPCC-S Signature

STATE OF _____)

COUNTY OF _____)

Subscribed to and acknowledged before me this _____ day of _____, 20___.

_____	_____	_____
Notary Name Printed	Notary Signature	Commission Expiration Date

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SECTION III. AFFIDAVIT OF THE EMPLOYER REPRESENTATIVE OVER CLINICAL MENTAL HEALTH SERVICES

Comes the Affiant, _____, and after having been duly sworn, hereby states under oath as follows:

I hereby swear or affirm as follows:

1. That I am employed by _____ (job placement/setting), with the job title of _____, and as such, I am responsible for the employers clinical mental health services providers.
2. That _____ (name of LPCA employee/former employee) was employed by _____ (job placement/setting) as a _____(job title), with the attached job description, for a period beginning _____ and ending _____.
4. That during the course of the LPCA's employment in this job placement/setting/title/description, The LPCA obtained clinical experience as required by KRS Chapter 335 and 201 KAR 36:060, Section 5(1) and Section 6(1,) including:
   a. Assessment,
   b. Diagnosis, and
   c. Treatment of specific individuals or groups, and
   d. A broad exposure and opportunity for skill enhancement with a variety of developmental issues, disfunctions, diagnoses, acuity levels, and population groups.

I understand that this statement is made under oath. I understand that if the information in this affidavit, concerning my employment, is later shown to be false, the Board reserves the right to pursue all administrative remedies available.

I hereby swear and affirm, to the best of my ability, the above facts and statements are true and correct.

Further, Affiant sayeth naught.

_____
Signature

_____
Title of Individual over clinical mental health services for employer

STATE OF _____)

COUNTY OF _____)

Subscribed to and acknowledged before me this _____ day of _____, 20___.

_____	_____	_____
Notary Name Printed	Notary Signature	Commission Expiration Date

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AFFIDAVIT OF CLINICAL EXPERIENCE FOR REMEDIATION OF SUPERVISION REQUIREMENTS FOR SOLO PRACTITIONERS

Read the instructions and this affidavit very carefully before signing. Any case of false swearing is criminal and may be fully prosecuted by the law.

INSTRUCTIONS FOR LPCA IN SOLO PRACTICE

This form has been designed so the LPCA can provide the pertinent section to the appropriate individuals for signature and notarization. **Each section of this form must be completed by the appropriate party and returned to the LPCA for submission to the Board**.

The LPCA is responsible for submitting a COMPLETE form, consisting of two (2) pages, to the Board. Partial forms will be returned to the sender. **Partial forms will not be considered.**

A completed form, with all documents required for solo practitioners, must be submitted no later than October 31, 2026, for the Board's consideration of using the hours of experience to fulfill the requirements of KRS 335.525(1)(e) and 201 KAR 36:060. There are no exceptions.

Use of this form expires on October 31, 2026.

FOR LPCA SOLO PRACTITIONERS, THE FOLLOWING DOCUMENTS MUST ALSO BE SUBMITTED WITH THE AFFIDAVITS:

1. The LPCA shall submit a Supervision Log which details the subject matter of supervision. The dates and hours accrued, and provide a narrative of how the Supervisor performed the following:
    a. Management, oversight and direct supervision;
    b. Took responsibility for the professional clinical counseling practice of the supervisee, including the supervisor's plan used for reviewing clinical documentation, viewing the supervisee's client sessions in face-to-face format, recorded format, or both if available, as required by 201 KAR 36.060. Section 2.

2. Submit a limited set (a minimum of 3 clients) of representative examples of written clinical work. These examples may include de-identified progress notes, evaluations, or treatment summaries that provides a comprehensive and accurate representation of clinical work.

3. The deadline for submittal of the Affidavits and the required documents set forth above is October 31, 2026. There are no exceptions.

NOTICE AND DISCLAIMER

This offer to remediate supervision deficiencies does not restrict the Board's ability to independently determine whether past work experience qualifies for required hours, using all available documentation provided by the applicant.

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SECTION I. AFFIDAVIT FOR THE LPCA/SUPERVISEE

Comes the Affiant, _____, License No. _____and after having been duly sworn, hereby states under oath as follows:

I hereby swear or affirm as follows:

1. I was employed by _____ (job placement/setting) as a _____(job title), with the attached job description.
2. I was employed for the period beginning _____ and ending _____, for the job placement/title/description.
3. I affirm, during the course of my employment in this job placement/setting/title/description, I obtained clinical experience as required by KRS Chapter 335 and 201 KAR 36:060, Section 5(1) and Section 6(1,) including:
   a. Assessment,
   b. Diagnosis, and
   c. Treatment of specific individuals or groups, and
   d. A broad exposure and opportunity for skill enhancement with a variety of developmental issues, disfunctions, diagnoses, acuity levels, and population groups.

I understand that this statement is made under oath. I understand that if the information in this affidavit, concerning my employment, is later shown to be false, the Board reserves the right to pursue all administrative remedies available up to and <u>including suspension or revocation of the license</u> in accordance with KRS Chapter 13B.

I hereby swear and affirm, to the best of my ability, the above facts and statements are true and correct.

Further, Affiant sayeth naught.

_____
LPCA/Supervisee Signature

STATE OF _____)

COUNTY OF _____)

Subscribed to and acknowledged before me this _____ day of _____, 20___.

_____	_____	_____
Notary Name Printed	Notary Signature	Commission Expiration Date

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SECTION II. AFFIDAVIT FOR THE LPCC-S/CLINICAL SUPERVISOR

Read this affidavit very carefully before signing. Any case of false swearing is criminal and may be fully prosecuted by the law.

Comes the Affiant, _____, License No. _____and after having been duly sworn, hereby states under oath as follows:

I hereby swear or affirm as follows:

1. That I was the Board-approved Clinical Supervisor of _____(Supervisee), an LPCA who was employed by _____ (job placement/setting) as a _____(job title).
2. That the Supervisee was employed in this position for a period beginning _____ and ending _____, during which time I supervised the Supervisee's practice of professional counseling.
3. That during the course of the Supervisee's employment in this job placement/setting/title/description, The Supervisee obtained clinical experience as required by KRS Chapter 335 and 201 KAR 36:060, Section 5(1) and Section 6(1,) including:
    a. Assessment,
    b. Diagnosis, and
    c. Treatment of specific individuals or groups, and
    d. A broad exposure and opportunity for skill enhancement with a variety of developmental issues, disfunctions, diagnoses, acuity levels, and population groups.

I understand that this statement is made under oath. I understand that if the information in this affidavit, concerning my employment, is later shown to be false, the Board reserves the right to pursue all administrative remedies available up to and including suspension or revocation of the license in accordance with KRS Chapter 13B.

I hereby swear and affirm, to the best of my ability, the above facts and statements are true and correct.

Further, Affiant sayeth naught.

_____
LPCC-S / Clinical Supervisor Signature

STATE OF _____)

COUNTY OF _____)

Subscribed to and acknowledged before me this _____ day of _____, 20___.

_____	_____	_____
Notary Name Printed	Notary Signature	Commission Expiration Date