



## **CPCS Supervision Interest Form**

### **Basic Information**

Full Name:

Preferred Name (if different):

Email Address:

Phone Number:

### **Licensure & Professional Status**

1. Current License Status:
  - ☐ Graduate Student
  - ☐ LAPC (Associate Professional Counselor)
  - ☐ Other (please specify)
2. Georgia License or Registration Number (if applicable):
3. Are you currently registered with the Georgia Composite Board?
  - ☐ Yes
  - ☐ No
  - ☐ In process
4. Date of Graduation (or Expected Graduation):
5. Graduate Program & University:

### **Employment / Practice Setting**

6. Current Work Setting:
  - ☐ Agency / Community Mental Health
  - ☐ Group Private Practice
  - ☐ Solo Private Practice
  - ☐ School-Based
  - ☐ Other (please specify)
7. Brief description of your current role and population served:

### **Supervision Needs & Preferences**

8. Type of Supervision Requested:
  - ☐ Individual
  - ☐ Group
  - ☐ Open to either
9. Preferred Supervision Format:



- ☐ Virtual
- ☐ In-Person
- ☐ Either

10. Preferred Day(s)/Time(s) for Supervision:

11. Anticipated Start Date for Supervision:

### **Clinical Focus & Interests**

12. Primary populations you work with (check all that apply):

- ☐ Adults
- ☐ Adolescents
- ☐ Children
- ☐ Couples
- ☐ Families

13. Clinical concerns you commonly treat:

(e.g., anxiety, trauma, depression, identity issues, life transitions)

### **Professional Development**

14. What are you hoping to gain from supervision?

(e.g., confidence, case conceptualization, ethical guidance, identity development)

15. What do you value most in a supervisor?

### **Additional Information**

16. Have you previously been in supervision?

- ☐ Yes
- ☐ No

If yes, briefly describe what was helpful or unhelpful:

17. Is there anything else you'd like me to know as I consider your request for supervision?

### **Acknowledgment**

18. By submitting this form, I understand that:

- Submission does not guarantee supervision placement
- A consultation may be required before supervision begins
- All supervision is provided in accordance with Georgia Composite Board rules

☐ I acknowledge and agree