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Approved Clinical Supervisor (ACS)

Application Start

Below are applicant requirements required for submission of this application. Please read carefully and ensure you have collected all information or documentation as indicated in each section in order to successfully submit your application for review.

Education

- You must have a master's degree or higher in a mental health field. Your degree must be from an institution accredited by an organization recognized by the Council for Higher Education Accreditation (CHEA).
- You must submit an official transcript to verify your degree. If your institution offers official digital transcripts, you may have one emailed to credentialinfo@cce-global.org. If you choose to have the transcript mailed, please send to CCE; P.O. Box 63223; Charlotte, NC 28263-3223 with attention to ACS reviewer. It must be in a sealed envelop that the school issues.

Applicants with non-U.S. degrees

- If you earned your degree(s) outside the United States, you need to have the degree(s) evaluated by an international transcript evaluation service and submit the results to CCE with your application. CCE accepts evaluations completed by World Education Services, Inc.; Educational Credential Evaluators, Inc.; and the American Association of Collegiate Registrars and Admissions Officers International Education Services.

Professional Licensure or Board Certification

You must hold either professional licensure that authorizes you for independent practice in a behavioral/mental health field, or the National Certified Counselor (NCC) issued by NBCC. Your license or certification must be in good standing, and you must submit a copy with the application.

Professional Disclosure Statement

You will need to submit a proposed professional disclosure statement intended for your supervisees. If you are not currently employed in a supervisory capacity, write the disclosure statement as if you were. If the supervisory responsibilities are an aspect of your employment (e.g., counselor educator, agency worker), write the statement

from that perspective. You may incorporate the required language into your agency's PDS if needed. Your statement must address the 10 required areas listed below:

1. Your name, business address, email, and telephone number
2. A chronological list of your degrees, credentials, and licenses
3. The mental health competency areas for which you are qualified to provide supervision (e.g., addictions counseling, career counseling)
4. A chronological list documenting your training in clinical supervision and experience in providing supervision
5. A statement explaining your model of, or approach to, clinical supervision, including role of the supervisor, objectives and goals of supervision, and modalities (e.g., tape review, live observation)
6. A description of the evaluation procedures that you use in the supervisory relationship
7. A statement explaining the limits and scope of client confidentiality and privileged communication within the supervisory relationship
8. Your fee schedule for supervision services and whether you provide pro bono supervision services
9. The emergency contact information you provide to your supervisees
10. A statement confirming and agreeing that you will follow the CCE Approved Clinical Supervisor (ACS) Code of Ethics in addition to the applicable licensing agency and credentialing board ethical standards and disciplinary rules

Required Specialized Training

Clinical supervision training must be specific to providing clinical supervision or becoming a clinical supervisor. Reference Required Training for additional information.

Mental Health–Related Experience:

You must document a minimum of five years of post-master's experience in mental health services that includes at least 4,000 hours of direct service with clients.

The person who verifies direct mental health experience does not have to be a licensed mental health provider or a clinical supervisor. We accept verification from an administrator, agency director, human resources director, university department chair, hospital supervisor, etc. If you are in private practice, a partner, associate, human resources director, or corporate officer can complete your mental health experience forms on behalf of the agency. You can also have a previous employer/supervisor complete the form for post-master's experience.

You may substitute a conferred doctorate and/or completed internship for up to three years and 900 hours of the total required

Completed doctoral internship: Each school year of internship counts for one year and 300 hours of experience, or the number of hours stated in the internship course requirements

Conferred doctorate: Each school year of enrollment in a doctoral program counts for one year and 300 hours of experience.

Clinical Supervision Endorsement:

You must submit an endorsement form documenting a minimum of 100 hours of your own clinical supervision of individuals providing mental health services. Your supervision experience may include individual and/or group supervision, with a maximum of 12 members in a supervision group. You may use supervision of graduate students in training to fulfill this requirement.

The endorser for clinical supervision must be an NCC, licensed mental health provider, or licensed supervisor. In addition, the person must have completed clinical supervision training.