



# *Counselor, Social Worker & Marriage and Family Therapist Board*

50 West Broad Street, Suite 1075  
Columbus, Ohio 43215-5919  
614-466-0912 & Fax 614-728-7790

[www.cswmft.ohio.gov](http://www.cswmft.ohio.gov) & email: [cswmft.info@cswb.state.oh.us](mailto:cswmft.info@cswb.state.oh.us)

## **Easy Steps to Counselor Trainee Status**

### **READ PRINT AND RETAIN THESE INSTRUCTIONS**

[Simeon.Frazier@cswb.state.oh.us](mailto:Simeon.Frazier@cswb.state.oh.us) will be your contact person during the counselor trainee process. Contacting Simeon to check for receipt or missing parts of your file can be counterproductive adding to his already busy schedule. The Board asks that you instead follow these instructions: keep copies of all faxed or mailed forms, read and follow all instructions. Allow at least two weeks for processing, then contact him, if necessary. Simeon's other jobs include but are not limited to Clinical Residents and Supervision Designation for all licensees in Ohio.

## **Steps towards CT Status**

### **A. You must complete: Criminal records check both the BCI & FBI**

1. The Criminal Records Check can take 2-4 weeks to process. Print the **BCI & FBI INSTRUCTIONS** sheet here: <http://cswmft.ohio.gov/pdfs/CRC0308.pdf> and take it with you to a Sheriff or Police Department. After Board receipt of your background check, with a written request, the board may mail you a copy of your BCI & FBI reports for your future use.

### **B. The Board will need proof of enrollment in a master's or doctoral-level practicum or internship**

2. Current or future term documents before (30 days) or near beginning of term in which asking for CT status.

### **C. Complete the Counselor Trainee Initial Application:**

<http://cswmft.ohio.gov/pdfs/CTApp.pdf>

### **D. You must be Supervised by a PC-S or PCC-S**

3. A counselor trainee in their practicum may be supervised by a PC-S or PCC-S. A practicum consists of no less than 100 hours of which 40 hours are direct service ...with clients and or groups
4. A counselor trainee in their internship may be supervised by a PC-S or PCC-S. Supervised internship shall be no less than 600 hundred hours of which 240 hours shall be in direct services, which include diagnosis and treatment of mental and emotional disorders and conditions under a PCC-S.
5. Training supervision shall include an average of one hour of face-to face contact between the supervisor and supervisee for every twenty-hours of work by the supervisee.

Due to budget cuts, the Board will not mail proof of CT status. Follow the steps below for verification of your status. CT status can take up to 30 days. Therefore, please start early and follow all directions. Your name will show up on [license verification](#) as pending once your application is processed.

For license verification go to the board's web site: [www.cswmft.ohio.gov](http://www.cswmft.ohio.gov)

Click on **Online license verification** in center of page, fill in **only** two areas **Division** and **-or-Name (Last, First)**

Beside **Division** set the drop down menu on **Counselor, Social Worker, and Marriage & Family Therapist Board**

Scroll down to **-or- Name (Last, First)** in the first box type your **last name** in the next box type your **first name** click the **search** button. (No hyphens, no middle initials) **IMPORTANT!** Fill in **no** other boxes!

Once the page re-loads click on your **NAME** (bottom of page). The page that comes up next will be the page you print for **license verification**.

## Counselor Trainee Extension

Complete and sign form and fax the extension form along with proof of enrollment.

<http://cswmft.ohio.gov/pdfs/CTextend.pdf> With each new quarter or semester the Board will need:

1. proof of enrollment through the next term w/name, class title and term begin/end dates
2. proof that you are diagnosing and treating (internship only)
3. confirmation that you have the same supervisor or have your new supervisor sign the form
4. confirm same site or provide new site
5. confirm same duties or provide new duties

## Internship Supervision Evaluation Form

Once you have met your internship requirements, you will complete part A and sign. Your supervisor will complete part B and will return **all four pages** to you in a business size envelope signed across the seal. The form needs to be in the Board's offices within 30 days of completing your internship.

<http://cswmft.ohio.gov/pdfs/PC-SupvInt.pdf>

1. If you are ending supervision with a supervisor without completing your internship hours, your supervisor will need to complete the [Internship Supervision Evaluation Form](#).
2. If you have more than one supervisor, each supervisor will complete a form.

## COUNSELOR TRAINEE

### **Excerpt from 4757-17-01**

*(E) Registration of training supervision for practicum or internship for counselor trainee status:*

*(1) Students enrolled in a practicum or internship prior to receiving their counseling degree are eligible for "counselor trainee" status...Students are not required by the board to have counselor trainee status to complete their practicum or internship requirement...but may be required to obtain registration as a counselor trainee by the supervising agency as a condition of acceptance for practicum or internship...*

*Counselor trainee ...is seeking licensure as a professional counselor and filed a training agreement with the Board...and currently enrolled in either a practicum or internship...*

**Excerpt from 4757-17-01:** *(E)(2)Ensuring the counselor trainee is properly registered and listed on the licensure website is primarily the responsibility of the counselor trainee...*

All forms for counselor trainee status (except background checks) may be faxed to Simeon Frazier at FAX # (614)728-7790

## Note to PC-S & PCC-S supervisors

Excerpt from 4757-17-01 Counseling supervision

(A)(1)... This type of supervision requires extensive time and involvement on the part of the supervisor in order to help supervisees improve their skills and/or learn new skills. Training supervision shall include an average of one hour of face-to-face contact between the supervisor and supervisee for every twenty hours of work by the supervisee.

(2) Training supervisees may not choose a supervisor who is a family member or who is related to them in any way.

(3) "Group supervision" is board approved supervision that consists of not more than six supervisees for one supervisor.

(f) Complete and forward to the board all supervision evaluation forms required by the board within thirty days of receipt of the form from a supervisee.

(4) All supervisee reports dealing with client welfare shall be co-signed by the supervisor.



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## Counselor Trainee Initial Application

### Instructions to applicant:

1. Make additional copies of this form in the event you have more than one supervisor during the supervised practice time required for licensure.
2. This form must be filed at the **beginning** of the training experience.
3. Individuals must register practica and internships to be eligible for counselor trainee status.
4. During the training period, you must refer to yourself as a **Counselor Trainee**.
5. You must have one hour face-to-face supervision for each 20 hours of work.
6. **Please attach proof of enrollment in a practicum or internship for approval.**
7. Please allow 30 days for processing and check web site license verification for updates.

### Part A: To be completed by supervisee

1. Name:		DoB in MMDDYYYY		SSN or Student Visa #:	
2. Street Address:		City:	County:	State:	Zip:
3. Daytime Phone:		Email:		CT #:	
4. Name of supervisor:			Title:		
5. Address of supervisor:			Daytime Phone #:		
			Email:		
6. Name, address and scope of practice of setting in which supervision is taking place:					
7. Describe the duties you plan to perform. Counselor Trainees Per rule 4757-13-01(A)(4)(c)&(d) a minimum of 40 hours of practicum and 240 hours of internship work consists of face-to-face client contact involving the delivery of clinical counseling services, which for internship includes the diagnosis and treatment of mental and emotional disorders.					
8. Dates of semester or quarter at this setting: Start Date: _____ End Date: _____					
University/College Name: _____					
<b>(Attach a copy of student transcript or class schedule verifying the actual beginning and ending of the semester/quarter.)</b>					

9. Do you hold any other licenses or certifications?  Yes  No

LIC/CERT #	ISSUE DATE	EXPIRATION DATE
_____	_____	_____
_____	_____	_____

10. Has any licensing authority ever denied your application for any professional license?  Yes  No

11. Have any complaints ever been filed against you with any counselor licensing agency or association?  Yes  No

12. Have you ever been denied the privilege of taking an examination required for any professional licensure?  Yes  No

13. Have any complaints ever been filed against you with any counselor licensing agency or association?  Yes  No

14. Have you ever voluntarily surrendered any professional license?  Yes  No

15. Have you ever had any professional license revoked?  Yes  No

16. Have you ever been the subject of disciplinary action by any licensing agency?  Yes  No

17. Is there any disciplinary action pending against you by any licensing jurisdiction?  Yes  No

18. Have you ever been arrested, charged with or convicted (including a no contest plea or guilty plea) of a felony or misdemeanor (or other criminal offense) in any state or federal court (other than traffic violations) whether or not sentence was imposed or suspended? If yes, forward a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge (if applicable) as well as a statement from the probation or parole officer.  Yes  No

19. Have you ever been pardoned from a felony (or criminal) conviction?  Yes  No

20. Have you ever had a record expunged from a felony (or criminal) conviction or had a conviction sealed under Ohio Revised Code section 2953.32 that is "directly and substantially related" to the license?  Yes  No

21. Are you now or have you in the last 5 years been addicted to or used in excess, any drug or chemical substance including alcohol?  Yes  No

22. Are you now being treated or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program?  Yes  No

23. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in practice as a counselor?  Yes  No

24. Have you ever been named as a defendant in a civil suit related to your professional practice?  Yes  No

**Please explain any yes answers on a separate sheet of paper and submit with this application.**

25. **Memo of Understanding:** I have read the counselor licensure law and understand the rules and regulations that pertain to Counselor Trainee. I understand that I will have to submit the CT extension application each subsequent term of my practicum or internship. I further understand that any person who knowingly makes a false statement on the registration form is guilty of falsification under section 2921.13 of the Ohio Revised Code, a misdemeanor of the first degree.

The Counselor, Social Worker Board & Marriage and Family Therapist Board is required to collect the social security numbers of all applicants pursuant to 42 U.S.C. Sec. 132a-7e(b), 5 U.S.C. Sec. 552a, 45 C.F.R. pt. 61, and Ohio Revised Code Sec. 2301.373(E) for potential disclosure to the Federal Department of Health and Human Service's Healthcare Integrity and Protection Data Bank and/or the local County Child Support Enforcement Agency. Therefore, you are required to fill in your social security number on the application. Failure to comply may lead to the denial of your application.

\_\_\_\_\_  
Signature of Counselor Trainee

\_\_\_\_\_  
Date

**Part B: To Be Completed by the Training Supervisor: Remember - A board approved supervisor shall not supervise more than six supervisees who are registered at one time with this board.**

Instructions to supervisor: After completing this form, please return it to the supervisee who is responsible for sending it to the Board.

1. Are you a Licensed Professional Counselor or a Licensed Professional Clinical Counselor?

Yes  No If yes, what is your license number and expiration date \_\_\_\_\_

2. Do you hold a supervising counselor designation?  Yes  No

3. If you are not a licensed counselor, what license do you hold?

License \_\_\_\_\_ State \_\_\_\_\_ License Number \_\_\_\_\_

4. Does the scope of your practice include the diagnosis and treatment of mental & emotional disorders?

Yes  No

5. What duties will the CT have and does it include diagnosis and treatment?

6. I have reviewed the supervisee's statements:

They  (are)  (are not) Accurate

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date