

**COUN 239**  
**Have you *really* COMPLETED COUN 239?**  
**ALL ITEMS BELOW MUST BE CHECKED**

<b>Complex List of Items: Some for COUN 239 folder; some for MFT LICENSE APPLICATION; some for BOTH</b>		<b>Hold for License Application</b>	<b>FOR COUN 239 Folder?</b>
<input type="checkbox"/>	Completed and logged 600-hours total in COUN 239. <input type="checkbox"/> At least 300 of 600-hours must to face-to-face counseling.	<b>No</b> , for COUN 239 folder only	<b>Yes</b>
<input type="checkbox"/>	<input type="checkbox"/> At least 300 of 600-hours must be in "other categories," such as "supervision," "preparation of reports," "seminars/ workshops," etc.	<b>No</b> , for COUN 239 folder only	<b>Yes</b>
<input type="checkbox"/>	<b>Per BBS:</b> You have received and logged 1-unit of supervision for each week that you logged any counseling experience; and 1-unit of supervision for every 5-hours of counseling. 1-unit is: a) 1-hour of individual or triadic supervision, or b) 2-hours of group supervision in a group not to exceed 8 persons.  <b>Per CACREP:</b> 1-hour of individual or triadic supervision each week where experience is logged. Group supervision does not satisfy CACREP supervision requirement, but may be counted in the "other categories" number.	<b>No</b> , for COUN 239 folder only  <b>No</b> , for COUN 239 folder only	<b>Yes</b>
<input type="checkbox"/>	At least 10-hours leading a group experience.	<b>No</b> , for COUN 239 folder only	<b>Yes</b>
<input type="checkbox"/>	At least 10-hours counseling "diversity clients." Diversity is defined as "not like you ethnically, or disabled, or dissimilar sexual orientation.	<b>No</b> , for COUN 239 folder only	<b>Yes</b>
<input type="checkbox"/>	Your 600-hours total are signed-off every 75-hours by your university supervisor.	<b>No</b> , for COUN 239 folder only	<b>Yes</b>
<input type="checkbox"/>	Your face-to-face counseling hours are signed-off every 150-hours by your university supervisor.	<b>No</b> , for COUN 239 folder only	<b>Yes</b>
<input type="checkbox"/>	A <b>signed ORIGINAL</b> of BBS Supervisor Responsibility Statement from each placement supervisor (must be dated prior to beginning of supervision).	<b>Yes</b> , for MFT application	<b>Yes, COPIES in FOLDER</b>
<input type="checkbox"/>	<b>Signed and dated ORIGINALS</b> of BBS weekly hours logs.	<b>Yes</b> , for MFT application	<b>Yes, COPIES in FOLDER</b>
<input type="checkbox"/>	<b>Signed and dated ORIGINAL</b> of BBS "In-State Experience Verification." Work with site supervisor on this. <b>Don't wait!</b>	<b>Yes</b> , for MFT application	<b>No</b>
<input type="checkbox"/>	<b>Signed and dated</b> "Oversight Agreement for Supervising" letter if your supervision was <b>NOT employed</b> by the agency where you worked <b>OR</b> was a <b>volunteer</b> supervisor (must be dated prior to beginning of supervision).	<b>Yes</b> , for MFT application	<b>No</b>