N'Spired By Achievement Family Services & Solutions, LLC.
Licensed Associate Professional Counselor/Masters Level/Intern
Disclosure Form

Name of Client _____ Date _____

This form documents the written disclosure that the client has been informed that the services are provided by master's in counseling intern, or by a limited licensed professional counselor (LLPC) under the clinical supervision of a of a licensed professional counselor (LPC). This disclosure shall be kept as part of the client record and the qualified supervisor shall retain a copy of this disclosure.

I understand that the person who will be providing my individual counseling and be responsible for my case management has the following credential(s). **Please check all that apply:**

☐ LMSW ☐ LAPC ☐ Master's Level (no provisional license) ☐ MA Intern ☐ MS Intern

A Master's Level Intern is somebody studying to become a Licensed Associate Counselor, and then with experience/supervision a Licensed Professional Counselor.

NOTE: The licensed associate professional counselor shall practice under the supervision of a licensed professional counselor. The qualified supervisor has all of the following qualifications:

(a) Hold a certification specific to supervision. Either a National Board of Certified Counselors (NBCC) Approved Clinical Supervisor credential or a Licensed Professional Counselors Association of Georgia (LPCAGA) Certified Professional Counselor Supervisor credential.
(b) Maintain an active Licensed Professional Counselor license.
(c) Continue receiving training on the functions of supervision.

_____ _____
Supervisor's Printed Name and Credentials Supervisors Contact Phone Number

By signing this document, I am showing I understand the person in charge of my primary care has the above licensure status. If this professional is an MA/MS Intern or/and LAPC, both of which require ongoing supervision in order to practice, I am giving my consent to be treated by this person, and understand they are practicing under the supervision of a qualified licensed professional (listed above) and not practicing independently.

Client Signature _____ Date _____

Counselor Signature _____ Date _____