

**APPENDIX F**  
**SUPERVISOR DATA FORM**

Supervisor Name: \_\_\_\_\_

Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Agency/School OR Institution: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_

Supervisor Profession: \_\_\_\_\_

Supervisor Terminal Degree: MA MS MSW Ph.D. Ed.D. Other \_\_\_\_\_

Number of years of professional counseling experience: \_\_\_\_\_

License/Certification State \_\_\_\_\_ Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

GWU requires two years of counseling supervisory experience. Do you meet this requirement?

Yes No

Number of years of counseling supervisory experience: \_\_\_\_\_

CACREP requires supervisors to have training in the provision of clinical supervision. Have you received training in the supervision of counselors? Yes No

If yes, when? (MM/DD/YYYY) \_\_\_\_\_

Location? \_\_\_\_\_

Name of Trainer? \_\_\_\_\_

CEs awarded? Yes No How many? \_\_\_\_\_ Clock hours? \_\_\_\_\_

If no, the Department of Counseling and Human Development at GWU provides training for supervision of counselors in person and online, would you be interested? Yes No