

Supervisor Credential Verification Form for Field Placements
The Citadel: Clinical-Counseling MA Program

Student Name: _____

Phone: _____ Email: _____

Practicum Internship Year: _____ Semester: _____

Field Placement Site: _____

Address: _____

Supervisor Credential Requirements: Mental health professional (e.g., psychologist, counselor, psychiatrist, social worker, psychiatric nurse) who possesses a minimum of a master's degree

Supervisor Name: _____

Supervisor email: _____ Supervisor Phone: _____

Degree type: _____ Year obtained: _____

Post-graduate experience (years): _____ Supervision experience (years): _____

Theoretical orientation:

Are you licensed? Yes No

License type: _____ License number: _____

Supervisor Signature

Date