

**CSU Counseling and Career Development MA Program  
Initial Site Supervisor Review**

First Name:

Last Name:

Name of Workplace (Site):

Title:

Site Address:

Email Address:

Work Phone Number:

Colorado License number (ex. LPC.1234,):

Colorado License Start Date:

Colorado License Expiration Date:

Other relevant qualifications (NCC, CCC, MAC, NCSC, CCMHC, Etc.) with a start date and expiration date (if applicable):

Relevant Education

College/ University:

Graduation Date:

Program Accreditation:

Undergraduate (BA, BS, etc.)

Masters Degree

Doctoral Degree (PhD, EdD, etc.)

If the program was accredited, please name the accreditation body (Example: CACREP, APA, CSWE):

College/ University:

Graduation Date:

Program Accreditation:

Undergraduate (BA, BS, etc.)

Masters Degree

Doctoral Degree (PhD, EdD, etc.)

If the program was accredited, please name the accreditation body (Example: CACREP, APA, CSWE):

Do you have at least two years (post full licensure) of *relevant and direct* experience for the role you will be supervising? Please briefly describe this experience:

I understand I must also submit either a resume or CV when uploading this form.

\*Please save and then upload the completed form **and** your resume/ CV to: [Click here to upload the form](#)

\*If there are issues using the upload button on your device please copy and paste the link below into your browser: <https://col.st/JmvHc>