



Michigan Counseling Association

COUNSELOR SUPERVISION APPLICATION FORM

General Information & Disclaimer

Individuals meeting counselor supervision requirements may complete the application form. Once the request has been processed and verification and/or payment is processed, individual applicant information will be posted on the MCA website.

Disclaimer: The MCA provides this list as a service to the profession. MCA neither endorses nor guarantees the credentials of anyone on this list. It is up to the potential supervisee to confirm the supervisor's credential who provides supervision. Please refer to the state law statute for information regarding the law concerning the qualifications of a supervisor can be accessed online at www.michigancounselingassociation.com.

Service Fees

An annual fee of \$100.00 will be charged to all individuals posting their information. The fee is waived for MCA Members in good standing.

I am a member of MCA. MCA # R09068613

I am NOT a member of MCA but my membership application has been sent. Not yet received

I am NOT a member of MCA. I understand that a bill in the amount of \$100.00 annually will be sent to me and my information will not be processed until MCA receives payment.

Title: Dr. Mr. Mrs. Ms. County: Oakland

Gender: Male Female Education: Masters Doctorate

First Name Beth Last Name Combs

Address 4230 Petrel

City Highland State MI Postal Code 48357

Email bcombs@pioneer-counseling.com

Phone Number (248) - 489-1550 Fax Number 248 489-9767

LPC License # 6401001416

LLPC License # _____

CAC License # _____

NCC License # _____

Other License # _____ (Please Specify)

Emotional Concerns

- Anger
- Anxiety/Fear/Panic
- Coping Skills
- Depression/BI-Polar
- Loss/Grief

Relational Concerns

- Blended Families
- Communication
- Divorce
- Family
- Friends/Other
- Parenting
- Partner
- Sexual Problems

Stressful Situations

- Abuse/Neglect
- Addiction/Substance Abuse
- Anger Management
- Attention Deficit/Hyperactivity
- Chronic/Terminal Illness
- Divorce
- Eating
- Financial
- Gambling
- Infertility
- Role or Age
- Sleep Disturbance
- Victim of Crime

Other

- Academic
- Adoption/Foster Care
- Career/Work
- Coping Skills
- Health
- Impulse Control
- Obsessive/Compulsive
- Sexual Orientation
- Spirituality
- Suicide
- Other: _____

Age Specialization

- Child
- Adolescent
- Adult
- Elder

Setting

- Individual
- Group
- Couple
- Family

Multicultural Experience

- Extensive
- Limited/moderate
- None

Client Gender

- Male
- Female
- Transgender

Client Sexual Orientation
Gay, Lesbian, Bisexual,
Transgender

- Yes No
- Heterosexual
- Yes No

**Religious Orientation of
your Clients**

- Any
- Buddhism
- Christian
- Islam
- Jewish
- LDS/Mormon
- None
- Other: _____

Received training to satisfy standards of supervision according to the laws in the state of Michigan.

- Yes No

I have been extensively trained as a faculty member in the Clinical Master's of Mental Health Program at the University of Phoenix.

Please mail the completed form(s) to MCA Headquarters: 120 North Washington Square, Suite 110 A • Lansing, Michigan 48933. Or call 1.800.444.2014 for additional information. We suggest you keep a copy for your records.

REVISED by Dr. LRKittowski 1007

