



# 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](http://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.

### Michigan Counseling Association Membership Status (Please check only one)

I am a member of MCA. MCA # 1298115821

I am NOT a member of MCA but my membership application has been sent. [\(No link to form\)](#)

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.

### Personal Details

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

Gender:  Male  Female Education:  Masters  Doctorate

First Name Cecilia Last Name Skidmore

Address 1514 Wealthy St. SE Suite 260

City Grand Rapids State MI Postal Code 49506

Email cecilia.skidmore@hotmail.com

Phone Number (313) 443-7581 Fax Number (616) 451 3070

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**III. License Information**  
 Numbers are for verification only and will NOT be published

LPC License # \_\_\_\_\_

LLPC License # \_\_\_\_\_

CAC License # \_\_\_\_\_

NCC License # \_\_\_\_\_

Other License # \_\_\_\_\_ (Please Specify)

**IV. Specialty**  
 (Please check all that apply)  
 For extensive expertise in specialty, please check "Other" and specify

<p><b>Emotional Concerns</b></p> <p><input type="checkbox"/> Anger</p> <p><input type="checkbox"/> Anxiety/Fear/Panic</p> <p><input type="checkbox"/> Coping Skills</p> <p><input type="checkbox"/> Depression/Bi-Polar</p> <p><input type="checkbox"/> Loss/Grief</p> <p><b>Relational Concerns</b></p> <p><input checked="" type="checkbox"/> Blended Families</p> <p><input checked="" type="checkbox"/> Communication</p> <p><input checked="" type="checkbox"/> Divorce</p> <p><input checked="" type="checkbox"/> Family</p> <p><input type="checkbox"/> Friends/Other</p> <p><input type="checkbox"/> Parenting</p> <p><input type="checkbox"/> Partner</p> <p><input type="checkbox"/> Sexual Problems</p>	<p><b>Stressful Situations</b></p> <p><input checked="" type="checkbox"/> Abuse/Neglect</p> <p><input checked="" type="checkbox"/> Addiction/Substance Abuse</p> <p><input checked="" type="checkbox"/> Anger Management</p> <p><input type="checkbox"/> Attention Deficit/Hyperactivity</p> <p><input type="checkbox"/> Chronic/Terminal Illness</p> <p><input checked="" type="checkbox"/> Divorce</p> <p><input type="checkbox"/> Eating</p> <p><input checked="" type="checkbox"/> Financial</p> <p><input type="checkbox"/> Gambling</p> <p><input type="checkbox"/> Infertility</p> <p><input checked="" type="checkbox"/> Role or Age</p> <p><input type="checkbox"/> Sleep Disturbance</p> <p><input checked="" type="checkbox"/> Victim of Crime</p>	<p><b>Other</b></p> <p><input checked="" type="checkbox"/> Academic</p> <p><input type="checkbox"/> Adoption/Foster Care</p> <p><input checked="" type="checkbox"/> Career/Work</p> <p><input checked="" type="checkbox"/> Coping Skills</p> <p><input checked="" type="checkbox"/> Health</p> <p><input type="checkbox"/> Impulse Control</p> <p><input type="checkbox"/> Obsessive/Compulsive</p> <p><input checked="" type="checkbox"/> Sexual Orientation</p> <p><input checked="" type="checkbox"/> Spirituality</p> <p><input checked="" type="checkbox"/> Suicide</p> <p><input checked="" type="checkbox"/> Other: <u>Interpersonal Neurobiology</u></p>
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**V. Client Focus**  
(Please check all that apply)  
**Define your client demographics and setting**

**Age Specialization**

- Child
- Adolescent
- Adult
- Elder

**Setting**

- Individual
- Group
- Couple
- Family

**Multicultural Experience**

- Extensive
- Limited
- 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: \_\_\_\_\_

**VI. Supervision Training**

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

- Yes  No

**VII. Processing of Confidential Form**

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. LRKitkowski 1007