



# Michigan Counseling Association

120 North Washington Square, Suite 110 A • Lansing, MI 48933 • 1.800.444.2014

## COUNSELOR SUPERVISION INFORMATION

### General Information & Disclaimer

Individuals meeting counselor supervision requirements are eligible to be listed on MCA's Web site.

*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.*

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

### **I. Michigan Counseling Association: Membership Status**

I am a Member

### **II. Personal Details**

Title Mr. Gender M Education Masters

First Name Kenneth L. Last Name Dyk

Address 3607 Brenda Lane

City State Zip Kalamazoo, MI 49004 County Kalamazoo

Email kdyk@kcsa.org

Phone Number 269.349.1319 Fax Number 269.381.2250

### **III. License Information**

LPC  LLPC  CAC  NCC  Other:

### **IV. Specialty**

**X marks all that apply, E = extensive expertise in an issue**

#### **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**

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

**I. Client Focus**

**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
- Heterosexual

**Religious Orientation of your Clients**

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

**I. Supervision Training**

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

Blank