



# 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 Ms. Gender F Education Masters

First Name Cindy Last Name Goldman

Address 30300 Telegraph Rd. Suite 125

City State Zip Bingham Farms, MI 48025 County Oakland

Email goldmancp@comcast.net

Phone Number 248.320.1750 Fax Number \_\_\_\_\_

### **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  
 E 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  
x Coping Skills  
Health  
Impulse Control  
Obsessive/Compulsive  
Sexual Orientation  
Spirituality  
Suicide

E: Hospice, x perinatal loss Other: \_\_\_\_\_

**I. Client Focus**

**Age Specialization**

Child  
x Adolescent  
x Adult  
x Elder

**Setting**

x Individual  
x Group  
Couple  
Family

**Multicultural Experience**

x Extensive  
Limited  
None

**Client Gender**

x Male  
x Female  
Transgender

**Client Sexual Orientation**

Yes Gay, Lesbian, Bisexual, Transgender  
Yes Heterosexual

**Religious Orientation of your Clients**

x 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.

Yes