



# 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 Heath Last Name Green

Address 3415 Ballard Rd.

City State Zip Benzonia, MI 49616 County Benzie/Grand Traverse

Email greenh@mbcmh.org

Phone Number 231.233.0719 Fax Number \_\_\_\_\_

### **III. License Information**

LPC  LLPC  CAC  NCC  Other: CAAC

### **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
- E 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
- Co-occurring mental health and substance abuse Other: \_\_\_\_\_

**I. Client Focus**

**Age Specialization**

- Child
- Adolescent
- Adult
- Elder

**Setting**

- Individual
- Group
- Couple
- Family

**Multicultural Experience**

- Extensive
- (w/ extensive training) Limited
- None

**Client Gender**

- Male
- Female
- Transgender

**Client Sexual Orientation**

- yes Gay, Lesbian, Bisexual, Transgender
- yes 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.

Yes



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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_ County \_\_\_\_\_

Email \_\_\_\_\_

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

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Spirituality  
Suicide  
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Adult  
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**Client Gender**

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Female  
Transgender

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Gay, Lesbian, Bisexual, Transgender  
Heterosexual

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Christian  
Islam  
Jewish  
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