



# 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.*

### 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. Michigan Counseling Association: Membership Status

(Please check only one)

I am a member of MCA. MCA # R02127034

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

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.

### II. Personal Details

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

Gender:  Male  Female Education:  Masters  Doctorate

First Name Jocita Last Name kekheva (aka Jocita Lucide)

Address 425 S. Main Street suite 201

City Rochester State MI Postal Code 48307

Email jocita@mentalfitnesscenter.org

Phone Number (248) 661-3111 Fax Number ( )

**III. License Information**

Numbers are for verification only and will NOT be published

- LPC License # 6401010299
- LLPC License # \_\_\_\_\_
- CAC License # \_\_\_\_\_
- NCC License # \_\_\_\_\_
- Other License # 6501010467 (Please Specify) LLP

**IV. Specialty**

(Please check all that apply)

For extensive expertise in an issue, place a letter 'E' in the box

- |  |  |   |
|--|--|---|
| <p><b>Emotional Concerns</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anger</li> <li><input checked="" type="checkbox"/> Anxiety/Fear/Panic</li> <li><input checked="" type="checkbox"/> Coping Skills</li> <li><input checked="" type="checkbox"/> Depression/Bi-Polar</li> <li><input type="checkbox"/> Loss/Grief</li> </ul> <p><b>Relational Concerns</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Blended Families</li> <li><input checked="" type="checkbox"/> Communication</li> <li><input checked="" type="checkbox"/> Divorce</li> <li><input checked="" type="checkbox"/> Family</li> <li><input checked="" type="checkbox"/> Friends/Other</li> <li><input checked="" type="checkbox"/> Parenting</li> <li><input checked="" type="checkbox"/> Partner</li> <li><input checked="" type="checkbox"/> Sexual Problems</li> </ul> | <p><b>Stressful Situations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Abuse/Neglect</li> <li><input type="checkbox"/> Addiction/Substance Abuse</li> <li><input checked="" type="checkbox"/> Anger Management</li> <li><input checked="" type="checkbox"/> Attention Deficit/Hyperactivity</li> <li><input type="checkbox"/> Chronic/Terminal Illness</li> <li><input type="checkbox"/> Divorce</li> <li><input checked="" type="checkbox"/> Eating</li> <li><input type="checkbox"/> Financial</li> <li><input type="checkbox"/> Gambling</li> <li><input type="checkbox"/> Infertility</li> <li><input checked="" type="checkbox"/> Role or Age</li> <li><input checked="" type="checkbox"/> Sleep Disturbance</li> <li><input type="checkbox"/> Victim of Crime</li> </ul> | <p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Academic</li> <li><input type="checkbox"/> Adoption/Foster Care</li> <li><input type="checkbox"/> Career/Work</li> <li><input type="checkbox"/> Coping Skills</li> <li><input checked="" type="checkbox"/> Health</li> <li><input type="checkbox"/> Impulse Control</li> <li><input type="checkbox"/> Obsessive/Compulsive</li> <li><input type="checkbox"/> Sexual Orientation</li> <li><input checked="" type="checkbox"/> Spirituality</li> <li><input type="checkbox"/> Suicide</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
|--|--|---|

**V. Client Focus**

*(Please check all that apply)*

**Define your client demographics and setting**

**Age Specialization**

- Child
- Adolescent
- Adult
- Elder

**Client Gender**

- Male
- Female
- Transgender

**Religious Orientation of your Clients**

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

**Setting**

- Individual
- Group
- Couple
- Family

**Client Sexual Orientation**

- Gay, Lesbian, Bisexual, Transgender
  - Yes  No
- Heterosexual
  - Yes  No

**Multicultural Experience**

- Extensive
- Limited
- None

**VI. Supervision Training**

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

- Yes  No

**VII. Processing of Completed 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

(517)4840140

III. License Information

Numbers are for verification only and will NOT be published

- LPC License # 6401010294
- LLPC License # \_\_\_\_\_
- CAC License # \_\_\_\_\_
- NCC License # \_\_\_\_\_
- Other License # 6301010407 (Please Specify) LLP

IV. Specialty

(Please check all that apply)

For extensive expertise in an issue, place a letter 'E' in the box

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: \_\_\_\_\_