



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

II. Personal Details

Title Ms. Gender F Education Masters

First Name Evonne Last Name Lamson

Address 3351 Lakeside

City State Zip Sanford, MI 48657 County Midland

Email evonnelamson@charter.net

Phone Number 989.859.9060 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

E Anger
 E Anxiety/Fear/Panic
 E Coping Skills
 x Depression/Bi-Polar
 E Loss/Grief

Relational Concerns

Blended Families
 E Communication
 E Divorce
 x Family
 Friends/Other
 x Parenting
 x Partner
 x Sexual Problems

Stressful Situations

Abuse/Neglect
 E Addiction/Substance Abuse
 x Anger Management
 Attention Deficit/Hyperactivity
 Chronic/Terminal Illness
 x Divorce
 x Eating
 Financial
 E Gambling
 x Infertility
 Role or Age
 Sleep Disturbance
 Victim of Crime

Other

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

I. Client Focus

Age Specialization

Child
x Adolescent
x Adult
x Elder

Setting

x Individual
x Group
x Couple
x Family

Multicultural Experience

Extensive
Limited
None

Client Gender

x Male
x Female
x Transgender

Client Sexual Orientation

Yes Gay, Lesbian, Bisexual, Transgender
Yes Heterosexual

Religious Orientation of your Clients

Any
Buddhism
x 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