



# 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 \_\_\_\_\_ Gender M Education Doctorate

First Name Scott Last Name Shaw

Address 1761 Oxford Dr. SE

City State Zip Grand Rapids, MI 49506 County Kent

Email sshaw@dayspringcounseling.com

Phone Number 616.634.3195 Fax Number 616.942.0196

### **III. License Information**

LPC  LLPC  CAC  NCC Other: LMSW

### **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
- E Family
- Friends/Other
- Parenting
- Partner
- Sexual Problems

#### **Stressful Situations**

- E 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  
Career/Work  
Coping Skills  
E Health  
Impulse Control  
Obsessive/Compulsive  
Sexual Orientation  
E Spirituality  
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**

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