



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