



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 Ms. Gender F Education Masters

First Name Mary Last Name Skalsky

Address P.O. Box 515

City State Zip Lexington, MI 48450-0515 County Sanilac

Email mskalsky@sbcglobal.net

Phone Number 810.359.2764 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

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: _____

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