

**AFFIDAVIT OF FULFILLMENT OF 160 HOURS OF SUPERVISED
TRAINING AND WORK EXPERIENCE IN COUNSELING SERVICES**

I, _____, declare that I am the
(supervisor's name)

(title)

of _____.
(organization)

_____,
(supervisor's degree and/or certification designation)

I attest that _____
(name of applicant)

has worked under my direct supervision no less than _____ hours as

_____ between the dates of

_____, _____ and _____, _____.
(month) (year) (month) (year)

My Professional Qualifications are (continue on other side of this page if needed):

Supervisor: _____

Date: _____