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### Play Therapy Supervision Application

Supervisee Information	
Name:	
Phone:	
Email:	
Address:	

Play Therapy	
What interests you about play therapy?	
What training have you received in play therapy?	
How many hours of play therapy are you providing each week?	

Clinical Practice	
What are your overall strengths as a clinician?	
What are your areas of growth as a clinician?	



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What is your theoretical orientation to counseling?
Describe your current client population.

<b>Licensure Status &amp; Employment/Internship</b>			
Do you currently hold a license to practice in a mental health field in your state?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what state?		What license do you hold?	
If no, are you currently enrolled in a graduate program studying a mental health field?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If enrolled, in what state are you studying?		What is your anticipated graduation date?	
Where are you currently employed/interning?			
What are your responsibilities at this job/internship?			
Are you currently under clinical supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the name of your supervisor?			



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Have you ever had a complaint filed against you to a state licensing board?  Yes  No

If yes, when did it occur, what was the situation and what was the outcome?

What days and times are you available for play therapy supervision?

When would you like to start?

Are you interested in concurrent play therapy and clinical supervision?  Yes  No

If yes, would the play therapy supervisor be the...  Primary Supervisor OR  Secondary Supervisor

**Other**

Do you have any questions, concerns, or other information you wish to share?