

**APPENDIX X
SUPERVISOR DOSSIER
60-Credit Program in Pastoral Counseling**

Date _____

Name of Supervisor _____

Title _____

Mailing Address _____

Phone No. _____ **Fax No.** _____

Name of Agency _____

Education (*list schools, degrees & major, and years degrees received*):

List All Current State/National Certification or Licensure:

Experience as a Counselor (*list places and dates*):

Experience as a Supervisor (*list places, dates, and the number of hours of supervised supervision*):