

**Appendix 2A: Exhibit 3: Annual Report for Counselors and Therapists**

*Revised: July 2015*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*street – city – state – zip*

Office Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Position: \_\_\_\_\_

Counseling Education:  
*(Name of Institution and Degrees)* \_\_\_\_\_

Certifying Body: \_\_\_\_\_

Specialty for which certified: \_\_\_\_\_

Licensed: Yes  No  If yes, what state: \_\_\_\_\_

Continuing Education  
Requirements of License: \_\_\_\_\_

License Category: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

Amount of Liability Insurance Carried: \_\_\_\_\_

*Please submit a copy of your liability insurance coverage from the front page of your policy.*

List Continuing Education Courses taken the past three years by titles, units, sponsor/institution:

Name of Supervising Counselor: \_\_\_\_\_

Supervisor's Address: \_\_\_\_\_  
*street – city – state – zip*

Frequency of meetings with Supervisor: \_\_\_\_\_

Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date