

Tiffany Stone, M.S., LMFT-S

New Hope Counseling Services, PLLC

Thank you for your interest in supervision services with Tiffany Stone, M.S., LMFT-S. This application is intended to help determine goodness of fit, professional goals, scheduling needs, and supervision expectations.

Please complete all sections as thoroughly as possible.

Applicant Information

Full Name: _____

Preferred Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

License Type: _____

License Number: _____

License Expiration Date: _____

Are there currently any restrictions, disciplinary actions, or probationary conditions on your license?

No

Yes (Please explain below)

Employment Information

Current Place(s) of Employment:

Current Position/Role: _____

Approximate Weekly Client Hours: _____

Population(s) Served:

- Children
- Adolescents
- Adults
- Couples
- Families
- Groups
- Other: _____

Primary Presenting Concerns You Work With:

- Anxiety
- Depression
- Trauma
- Relationship Concerns
- Grief
- Behavioral Concerns
- Life Transitions
- Other: _____

Educational Background

Graduate Program Attended: _____

Degree Earned: _____

Graduation Date: _____

What theoretical orientation(s) or modalities are you most drawn to?

Supervision Goals

Why are you seeking supervision at this time?

What are your primary professional goals over the next 1–2 years?

What areas of growth would you most like support with during supervision?

- Clinical skills
- Case conceptualization
- Documentation
- Ethical decision-making
- Confidence-building
- Working with couples/families
- Treatment planning
- Boundaries/self-care
- Practice building/business guidance
- Other: _____

Scheduling & Availability

Preferred Supervision Format:

- Individual
- Group
- Combination of Both

Preferred Meeting Times:

- Morning
- Afternoon
- Evening

Preferred Days:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Are you seeking supervision for:

- Current employment site only
- Multiple employment sites

Professional Reflection

What qualities are important to you in a supervisor?

How do you typically respond to feedback and areas of growth?

Is there anything else you would like Tiffany to know about you or your professional goals?

Acknowledgement

I understand that submission of this application does not guarantee acceptance into supervision services. If accepted, additional documentation, agreements, and policies will be reviewed and signed prior to the start of supervision.

Applicant Signature: _____

Date: _____