



Counselor, Social Worker & Marriage and Family Therapist Board

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Counselor Trainee Extension Form

1. Name: _____					
2. Street Address: _____		City: _____	County: _____	State: _____	Zip: _____
3. Daytime Phone: _____		Email: _____		CT Registration #: _____	
4. I changed supervisor: <input type="checkbox"/> Yes <input type="checkbox"/> No; I added a supervisor; <input type="checkbox"/> Yes <input type="checkbox"/> No: only if yes , list name below and complete Part B.					
New Supervisor Name: _____ License #: _____					
New supervisor start date: _____ Email: _____					
5. I changed my site: <input type="checkbox"/> Yes <input type="checkbox"/> No or ; I added a site <input type="checkbox"/> Yes <input type="checkbox"/> No ; any yes, list new site name and mailing address below.					
6. I changed my duties: <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, list new duties below.					
7. My duties include the diagnosis and treatment of mental and emotional disorders: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Your internship report must include diagnosis and treatment of mental and emotional disorders under the supervision of a PCC-S for the board to accept your internship see rule 4757-13-01(A)(4)(d).					
8. I enclosed a copy of my practicum or internship enrollment document with term beginning and ending dates: <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. My school forwarded a list of practicum and internship students, which documents my enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No					
10. My semester or quarter start date is: _____ End date is: _____					
Your CT cannot be extended without one of these documents. School Name: _____					
11. Have you since becoming a CT been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes? This includes crimes that have been expunged, IF there is a direct and substantial relationship to professional counselor practice. Please answer BOTH questions a and b.					
a. A felony in Ohio, another state, commonwealth, territory, province, or country?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. A misdemeanor in Ohio, another state, commonwealth, territory, province, or country? (This does not include traffic violations unless they are DUI/OVI)				Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. Are you now addicted to or using in excess, any drug or chemical substance including alcohol?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. Are you now being treated for a drug or alcohol addiction or participating in a rehabilitation program?				Yes <input type="checkbox"/> No <input type="checkbox"/>	

