

Variance form for: FOL SOMB Approved Provider to FOL DVOMB Approved Provider Application Requirement Variances:

FOL Requirements for Bachelor’s Degree with FOL SOMB Approval

DVOMB Requirement for FOL for Bachelors	FOL SOMB Approved Provider EXEMPT										
General Experiential Counseling Hours 600 Hours a minimum of 50 hours of one-to-one supervision	EXEMPT										
Co-Facilitated Domestic Violence Experiential Hours 160 Hours	EXEMPT										
Substance Abuse Treatment Experiential Hours 50 Hours	EXEMPT if Approved Through DVCS Support Letter										
Training Hours 100 hours + 35 Hours of Basic Counseling Skills	Only required to complete: DV100, DV101, DV102, DV103										
Clinical Supervision Hours Tiered based on the number of direct clinical contact hours. <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Direct Clinical Contact</td> <td style="width: 50%;">Minimum Supervision</td> </tr> <tr> <td>Hours per Month</td> <td>Hours per Month</td> </tr> <tr> <td>0-59</td> <td>2</td> </tr> <tr> <td>60-79</td> <td>3</td> </tr> <tr> <td>80 or more</td> <td>4</td> </tr> </table>	Direct Clinical Contact	Minimum Supervision	Hours per Month	Hours per Month	0-59	2	60-79	3	80 or more	4	Supervision required to complete co-facilitated work product for application only.
Direct Clinical Contact	Minimum Supervision										
Hours per Month	Hours per Month										
0-59	2										
60-79	3										
80 or more	4										

FOL Requirements for Master’s Degree with FOL SOMB Approval

DVOMB Requirement for FOL for Master’s Level	FOL SOMB Approved Provider EXEMPT										
General Experiential Counseling Hours 600 Hours a minimum of 50 hours of one-to-one supervision	EXEMPT										
Co-Facilitated Domestic Violence Experiential Hours 80 Hours	EXEMPT										
Substance Abuse Treatment Experiential Hours 50 Hours	EXEMPT if Approved Through DVCS Support Letter										
Training Hours 50 hours	Only required to complete: DV100, DV101, DV102, DV103										
Clinical Supervision Hours Tiered based on the number of direct clinical contact hours. <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Direct Clinical Contact</td> <td style="width: 50%;">Minimum Supervision</td> </tr> <tr> <td>Hours per Month</td> <td>Hours per Month</td> </tr> <tr> <td>0-59</td> <td>2</td> </tr> <tr> <td>60-79</td> <td>3</td> </tr> <tr> <td>80 or more</td> <td>4</td> </tr> </table>	Direct Clinical Contact	Minimum Supervision	Hours per Month	Hours per Month	0-59	2	60-79	3	80 or more	4	Supervision required to complete co-facilitated work product for application only.
Direct Clinical Contact	Minimum Supervision										
Hours per Month	Hours per Month										
0-59	2										
60-79	3										
80 or more	4										

FOL SOMB Provider, please submit this form along with a Variance to the Standards.

FOL SOMB Approved Provider Signature:

Date: