

GENERAL INSTRUCTIONS: APPLICATION FOR NORTH DAKOTA COUNSELOR LICENSE: LAPC or LPC

**ALL APPLICATIONS FOR COUNSELOR LICENSURE IN NORTH DAKOTA REQUIRE A
MINIMUM 60 HOUR MASTERS DEGREE IN COUNSELING,**
Write clearly and legibly and use black ink only.

**PLEASE WRITE YOUR SOCIAL SECURITY NUMBER ON THE BACK (THE BLANK SIDE)
OF PAGE ONE IN THE UPPER LEFT HAND CORNER. DO NOT IDENTIFY IT NOR USE
DASHES NOR WRITE YOUR NAME.**

Applicants applying for LAPC or LPC in the state of North Dakota must download this [LAPC application](#). Found on the website under LICENSING or FORMS & APPLICATIONS, it is indicated by a note saying it is the form for all initial applications for licensure. There is a place in the middle of the first page of the application that requires the applicant to check which license the application is for. Throughout the application, the requirements for each license type are listed in categories specific to the particular license.

Requirements for ND licensure are listed below:

ACADEMIC REQUIREMENTS: **

Minimum 60 semester credits (90 quarter credits) **Masters Degree in Counseling** from an accredited program or institution. The course requirements can be found on the website under ACADEMIC REQUIREMENTS. This outlines the type of degrees and the core coursework that is required, including Research Methods with content on statistical analysis pertaining to counseling, and three semester credits (or five quarter credits) of Professional Orientation and Ethics which must include content on the profession of counseling and the ACA Code of Ethics.

To qualify for approval, at least one course per topic area must be listed. Applications may be submitted with one or more topic areas left blank, however, the applicant may be required to complete additional coursework before the application is approved.

Any transcripts requiring review for qualification under section 97-02-01-02 may be submitted by the board to the National Board for Certified Counselors and the fee assessed to the applicant.

Applicants may make application in the final semester of the program.

A copy of the official current academic transcript must be included with the application. For applicants currently in school, once graduation takes place a final transcript must be received in the Board office, sent directly by the institution, prior to final review for licensure.

The application requires a minimum 700 Hr. practicum/internship in the practice of counseling. Verification of the **actual number of hours** is required.

**** As of July 1, 2017 all applications submitted will require a minimum 60 Hr. Masters Degree in Counseling.**

LETTERS OF RECOMMENDATION:

Three letters of recommendation are required. The application lists the sources of the recommendations for each license. One of the letters, from a counselor educator or site supervisor, can also verify the practicum and internship actual hours, as listed above.

Letters of recommendation should speak to competencies, interpersonal skills, ethical concerns

BACKGROUND CHECK FOR CRIMINAL HISTORY:

All new applications require a background check. Cards and further information are sent to the applicant after the application is received. Do not have prints taken until the Board supplies you with the cards and proper documents and instructions.

NATIONAL EXAM:

All LAPC's and LPC's must take and pass the National Counselor Exam. Once the application and original transcript (either final or to date) are received, the board will review for approval to test. Further instructions and forms are sent once the approval is in place. If the applicant has taken and passed the exam, test results must be received in the Board office, directly from NBCC.

COUNSELING SUPERVISION:

North Dakota counselor licensure requires 100 hours of direct supervision by an NDBCE board approved and certified supervisor under a Plan that is filed during the application process. Supervision cannot be received in a practice where the applicant holds an interest or ownership, i.e. private practice or independent contractor. **NDBCE Admin Rules: 97-02-01-01.3** Further information on supervision is found at the end of this application.

Once the applicant has completed 100 hours of direct supervision in counseling, spread over a two year period, by a board approved certified supervisor, verification of the supervision must be provided as part of the application process for LPC.

NOTE: The only difference between the LAPC and LPC application requirements is the status of the supervision and post degree counseling hours (direct client contact). Having no supervision or supervised counseling hours = LAPC, completed supervision (if qualifies) and supervised counseling hours = LPC.

IN SUMMARY:

1. Download ***application for initial licensure***, found under the LICENSING or FORMS & APPLICATIONS tab on the left hand menu of the website.
2. Request a current Masters in Counseling transcript be sent to the board office directly from the institution.
3. Request three letters of recommendation as listed on the application.
4. Review ACADEMIC requirements when filling out page two of the application. Provide the course number, title, and date taken for each course that qualifies for any of the 10 topic areas.
5. Follow instructions for background check when information is received from the board.
6. Follow instructions for testing when information is received from the board.
7. File a Plan of Supervision, found at the end of the application.
8. Plan must include a supervisor that is Certified with the ND Board and holds an LPC or LPCC.
9. Send fee of \$150 and sign application in front of a notary.
10. Assure proper postage on the envelope.

***** During the 2017 Legislative Session, the Legislature wrote new requirements for supervision. These rules would allow for 50 hours of supervision from a supervisor outside of the counseling field provided the supervisor is credentialed as a supervisor in his/her mental health profession, and the applicant **demonstrates a hardship as to why a counselor supervisor can not be secured.** NOTE: the board provides a list of available supervisors on the website in the event one can't be found elsewhere, and the board will allow HIPAA compliant electronic or distant supervision.***



Do
Not
Staple

Application for Professional Licensure LAPC or LPC

INSTRUCTIONS

1. Please provide the information requested (see additional information enclosed).
2. If additional space is needed, please attach a separate sheet.
3. Completed applications should be mailed to the following address:

North Dakota Board of Counselor Examiners
2112 10th Ave. SE
Mandan, ND 58554

FEES: Attach application fee of \$150.00 (\$50.00 of which is non-refundable).

* This application will be valid for one year from submission date. If licensure process is not completed, \$100 will be refunded. Applicant may reapply.

* Academic programs are programs identified specifically as counseling programs in the graduate bulletin of the accredited school or college. These programs include counseling, counselor education, counseling and guidance, counseling and development, and counseling psychology. (Article 97-02-01-01. Requirements to become a licensed professional counselor.)

DO NOT STAPLE APPLICATION OR COPY TWO SIDED



A. GENERAL INFORMATION

NAME (Last, First, Middle Initial)	Date of Birth:	TELEPHONE NUMBER Home Work
MAILING ADDRESS (Street and/or PO Box No., City, State, Zip)		E-mail Address:
Is this home or work address?		
License You Are Applying For: (Check One) <input type="checkbox"/> LICENSED ASSOCIATE PROFESSIONAL COUNSELOR (LAPC) (omit Section F) <input type="checkbox"/> LICENSED PROFESSIONAL COUNSELOR (LPC) (Omit Section D)		
LIST ACADEMIC COUNSELING PROGRAM OR TITLE OF COUNSELING DEGREE		
Administrative Code 97-02-01-02. Academic programs.		
List Degree here:		

B. ANSWER THE FOLLOWING QUESTIONS

	YES	NO
1. Has your application for license ever been refused?	—	—
2. Has your license ever been revoked or have you ever been the subject of disciplinary action by any licensing agency?	—	—
3. Have you ever been convicted of a felony?	—	—
4. Are you currently experiencing any incapacity that would prevent you from effectively practicing counseling?	—	—
5. Have you ever had a malpractice judgment issued against you?	—	—

("yes" answers must be explained in an attached statement).

C. EDUCATIONAL EXPERIENCE (most recent institution first).

GRADUATE INSTITUTIONS		DATES ATTENDED	DEGREE CONFERRED
University/College	City/State	Month/Year to Month/Year	Month/Year

Have degree conferring institution send current copy of graduate transcript directly to this board.
 LIST ALL COURSES TAKEN FOR GRADUATE CREDIT UNDER THE FOLLOWING TOPIC AREAS – This section

MUST BE COMPLETE. ALL 60 SEMESTER HOURS MUST BE LISTED IN APPROPRIATE CATEGORY

1. COUNSELING METHODS

Course No. Dept. Title of Course Date Taken Sem. Hr.

2. GROUP COUNSELING

Course No. Dept. Title of Course Date Taken Sem. Hr.

3. COUNSELING THEORIES

Course No. Dept. Title of Course Date Taken Sem. Hr.

4. INDIVIDUAL APPRAISAL/TESTING (Assessment)

Course No. Dept. Title of Course Date Taken Sem. Hr.

5. COUNSELING RELATED RESEARCH METHODS/STATISTICS (inc. content on statistical analysis of data sets pertaining to topics in counseling)

Course No. Dept. Title of Course Date Taken Sem. Hr.

C. EDUCATIONAL EXPERIENCE - Continued

6. HUMAN GROWTH AND DEVELOPMENT

Course No. Dept. Title of Course Date Taken Sem. Hr.

7. MULTICULTURAL COUNSELING

Course No. Dept. Title of Course Date Taken Sem. Hr.

8. CAREER AND LIFESTYLE DEVELOPMENT

Course No. Dept. Title of Course Date Taken Sem. Hr.

9. PROFESSIONAL ORIENTATION AND ETHICS (3 sem. Hours and inc. content on the profession of counseling and the American Counseling Association Code of Ethics)

Course No. Dept. Title of Course Date Taken Sem. Hr.

10. COUNSELING PRACTICUM/INTERNSHIP

Course No. Dept. Title of Course Supervisor Date Taken Sem. Hr.

10A – Practicum – (Min. 100 hours)

10B – Internship - (Min. 600 hours)

#10A & 10B: Include verification letter(s) from academic program director or clinical supervisor indicating actual hours of each.

11. Other: (List counseling content)

Course No. Dept. Title of Course Date Taken Sem. Hr.

TOTAL SEMESTER HOURS _____

D. LICENSED ASSOCIATE PROFESSIONAL COUNSELOR (LAPC) APPLICANTS ONLY.

1. Complete the proposed plan below for required two year post-masters supervised experience.

POST-MASTERS DEGREE SUPERVISED COUNSELING WORK EXPERIENCE

Indicate your proposed supervision below.

SUPERVISOR'S NAME	TITLE/CREDENTIAL
INSTITUTION OR BUSINESS NAME:	
CURRENT ADDRESS:	
*SUPERVISOR CERTIFICATION NUMBER:	
<p style="text-align: center;">Plan of Supervision Form attached at the end of the application</p> <p>Any change in the Plan of Supervision MUST be reported to the Board <u>immediately</u>.</p> <p>Supervision cannot be received in a setting or practice where the applicants holds an interest or ownership, i.e. private practice or independent contractor. <u>NDBCE Admin Rules: 97-02-01-01.3</u></p> <p>*Application for Supervisor Certification can be found on opening page of NDBCE website at www.ndbce.org</p>	

2. Letters or Recommendation Required (Please have the following persons mail these directly to the Board).

- a. Practicum or Internship Agency Supervisor
- b. Masters Degree Program Advisor
- c. An Additional Counselor Educator

E. NATIONAL COUNSELOR EXAMINATION (NCE); A PASSING SCORE IS REQUIRED.

- a. I have completed this requirement..... Yes No
- b. **If Yes, please request NBCC send the score directly to this board.**

F. FOR LICENSED PROFESSIONAL COUNSELOR (LPC) APPLICANTS ONLY.

1. All applicants applying for the Licensed Professional Counselor (LPC) license must have two years of post-masters counseling supervised work experience including 100 hours direct supervision under a licensed counselor. Enclose Supervision Report Form page found below.

2. Letters of Recommendation Required (Please have the following persons mail these directly to the Board).

- a. Employer who provided general supervision of counseling work experience.
- b. Licensed Professional Counselor who provided direct supervision of counseling work experience (minimum 100 hours)
- c. Counselor Educator who provided direct supervision in the applicant's Practicum/Internship

3. Enclose a written statement of intent to practice in the State of North Dakota including intent to practice distant or internet counseling. Form found below.

Letters of recommendation should speak to competencies, interpersonal skills, ethical concerns

AFFIDAVIT

I, the below named applicant, being duly sworn, state that I am the person referred to in the preceding application for a license to practice as a counselor in the State of North Dakota, and that all foregoing statements and enclosures are true in every respect. I submit for consideration the above proofs as required by the North Dakota law governing the practice of counselors and subject to the rules and regulations of the North Dakota Board of Counselor Examiners. Enclosed is the application fee made payable to the North Dakota Board of Counselor Examiners. Send payment in form of a money order, cashier's check or personal check. **Do not send cash.** The board may require further evidence that it deems reasonable and proper.

As an applicant for licensure as a Professional Counselor, I understand that a criminal background records check shall be completed. I hereby waive and release the North Dakota Board of Counselor Examiners, the North Dakota Bureau of Criminal Investigation (ND BCI), and the Federal Bureau of Investigation (FBI), their officers, employees, and agents, both in their official and individual capacities, from any and all legal liability for damages that result from the furnishing or receiving of such criminal records information.

I understand that as a person who is subject to a background check, I am entitled to: (a) Obtain a copy of any background check report from the North Dakota Bureau of Criminal Investigation or Federal Bureau of Investigation by following their record request procedures; and (b) Challenge the accuracy and completeness of any such report (in the jurisdiction involved with the charge or conviction); and obtain a prompt resolution before a final determination is made for licensing. A photocopy or carbon copy of this signed release shall have the same force and effect as the original release executed by me below,

Must be signed in presence of a notary.

Applicant's Signature

Subscribed and sworn before me this _____ day of _____, 20_____.

Typed or printed name of notary _____

Notary Signature

My Commission Expires: _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Fees paid	Amt	Check #	Date	Yes on Page 1, Part B:	
Transcripts		Letters	P/I verification:	NCE	Background Check
Comments:					

PLAN OF SUPERVISION FOR LAPC LICENSURE

Part D.1

Name and Credentials of Supervisor _____

Supervisor address and contact information

City _____ State _____ Zip _____ Phone _____ Email _____

ND Counselor Supervisor Certification Number _____

Practice Setting of LAPC: Employer _____ Must be W2 Employee
NDBCE Admin Rules: 97-02-01-01.3

Type of counseling (brief job description of LAPC) _____

Schedule of Supervision, both face to face and group _____

Is this supervision and two-year experience intended to result in clinical licensure (LPCC) ? _____

If yes, please list [LPCC licensure requirements](#) that will be fulfilled through this two-year Plan. *Please note, LPCC application requires two years of supervised clinical experience in a clinical setting with a clinical supervisor(LPCC). If the clinical work as described does not begin immediately, the clinical clock will start when the clinical work does, and LPCC application may take place two years from that point. The National Clinical Mental Health Counselor Exam may be taken during the second year of clinical LAPC practice.*

I have read the **Supervision Guidelines** found under the LAPC Licensing link on the NDBCE website and understand any interruption or change in supervision must be reported to the NDBCE immediately. I have also read **Section F: Supervision, Training and Teaching**, in the ACA Code of Ethics, 2014, found on the NDBCE website.

Supervisee Signature Date

Supervisee Name (print clearly)

Supervisor Signature Date

Supervisor Name (print clearly)

COUNSELOR SUPERVISION

An important part of the professional development of counselors is the supervision that they get for the professional work they are doing. It is difficult at best, to grow professionally without other, more experienced counselors being available for discussion of specific professional counseling issues. The supervision requirement necessary to move from the two year LAPC to the LPC reflects the opinion that the beginning professional counselor is better able to serve the public if that counselor is supervised on a **regular basis** by a seasoned experienced professional within the "helping" field. The supervisor offering the supervision must be accepted for each LAPC on an individual basis, by the Board.

The responsibilities of the supervisor are fairly simple, yet take a great deal of preparation in order to be effective. Briefly the supervisor is responsible for the following:

1. Meet face to face with the LAPC a total of 100 hours over the period of two years. At least 60 of these hours must be individual supervision sessions, the remaining 40 hours may be either group supervision or a combination of group and individual supervision. The supervisee is required to have an appropriate ratio of client contact hours with supervision hours, with at least ten separate clients per year, with no more than five being group. An on –going group counts as one client.
2. The supervision must be "spread out" over the two year period, it cannot be 100 hours one year and none the next. It is recommended that supervision sessions take place at regular uninterrupted intervals. **Any interruption in supervision must be reported to the NDBCE immediately.**
3. The content of the supervision sessions must be professionally focused on any concerns the LAPC has, regarding his/her professional practice. These issues are unlimited, but some examples may be ethical issues, legal issues, technique issues, specific client issues (eating disorder for example), group counseling issues, and many more that are related to professional counseling.
4. Supervisors will be licensed LPC's or LPCC's with the state of North Dakota and be Certified as a Supervisor under this Board. Certification includes continuing education or coursework specific to supervision.
5. Supervisors share in the responsibility to the counselor and to the counselor's clients whose cases are presented for supervision.
6. Supervisors are required to verify the supervision they have done for the LAPC.
7. If two or more supervisors are involved with the same LAPC at the same time, a coordination of that supervision should be documented by the LAPC and verified by the supervisors.
8. The supervisor accepts the same ethical code as the LAPC, which is the American Counseling Association's ethical standards. Please refer to the 2014 Edition of the ACA Code of Ethics, which governs ND Counselors, specifically Section F concerning Supervision, Training and Teaching.

Supervision Guidelines

Supervision should take many forms. It should be thought of as a process rather than an event or single repetitive action. The Supervisor should have skills or training in effective supervision which will be completed in a multidimensional way. Effective supervision requires that the supervisee is allowed to apply their own skills with direct as well as indirect oversight. This may at times involve live observation, case staffing or presentation, review of clinical notes, and dialogue regarding critical thinking and decision making relative to the processes incorporated by the counselor.

To ensure the most effective supervision/supervisee experience, the NDBCE strongly suggests the supervisor be on-site to provide immediate supervision, consultation and peer support. Optimal supervision experience takes place in a hospital setting, social service agency or mental health center, as opposed to a private practice setting that can be isolating and does not lend itself to the variety of experience and supervision needed. Supervision cannot be received in a practice in which the applicant holds an ownership interest.

The LAPC license status and supervision need to be documented in the informed consent agreement.

The supervision process involves the supervisee being active in on-going counseling sessions with clients, including treatment plans and progress notes. Intake or case management events do not qualify. At least ten separate clients must be seen during each year of the two year LAPC licensure with five being individual and the other five may be a group, and the supervisee must log at least 400 client contact (counseling) hours. A group can count as one client.

A minimum of 100 hours of direct supervision must be received at regular and consistent intervals throughout the two year LAPC licensure. A proposed schedule of supervisor/supervisee meetings must be included in the Plan of Supervision, and any interruption of supervision or deviation from the approved Plan must be sent to the board immediately. The Plan of Supervision should also include the Supervisor's credentials and title and/or job description, and the supervisee's job description.

Supervisors must hold credentials equal to or greater than those the supervisee is seeking. This would include LPC or LPCC.**

Supervision is a very fluid and active process that requires observation, interaction and communication on both parts to be successful.

*** During the 2017 Legislative Session, the Legislature wrote new requirements for supervision. These rules would allow for up to 50 hours of supervision from a supervisor outside of the counseling field provided the supervisor is credentialed as a supervisor in his/her mental health profession, and the applicant **demonstrates a hardship as to why a counselor supervisor can not be secured**. NOTE: the board provides a list of available supervisors on the website in the event one can't be found elsewhere, and the board will allow HIPAA compliant electronic or distant supervision.*

TO: **LICENSED ASSOCIATE PROFESSIONAL COUNSELORS**

FROM: NORTH DAKOTA BOARD OF COUNSELOR EXAMINERS
2112 10th AVE. SE
MANDAN, NORTH DAKOTA 58554

SUBJECT: **SUPERVISION REQUIREMENT, CONTACT HOURS, CLIENT SETTINGS**

Enclosed are two forms that detail the information needed to fulfil the supervision requirement for advancement to licensed professional counselor (LPC) status.

The Supervision Report Form:

- * Defines the contexts of supervision (individual and group),
- * Indicates and summarizes the total number of hours required (100), at least sixty (60) hours of which must be in individual, face-to-face supervision,
- * Contains a place for your supervisor to make a recommendation regarding professional licensure,
- * Contains a place for the supervisor's signature.

When the supervision report is due, please fill in the top part of both forms attached. Complete and sign the form titled "**Supervisee's Record of Individual and Group Supervision**" and give both forms to your supervisor. Your supervisor completes the bottom part of the "Supervision Report Form", and retains the *Record of Individual and Group Supervision* for his/her records in the event the board calls for that form. The supervisor then submits the Supervision Report Form to the board. **DO NOT** send logs.

We suggest that you keep both forms in a special folder so that the supervision information can be entered as it is provided. The Record of Individual and Group Supervision verifies that supervision has been provided at regular intervals **over the two-year period of the license**. About four to six weeks before the expiration date we will notify you of the need to apply for the licensed professional counselor (LPC) license and include instructions.

If your plan of supervision changes (different supervisor, different methods of supervision), it is necessary to inform the Board of the changes in writing. The Board will then notify you that the changes have been approved.

If you have more than one different supervisor during the two-year period of associate licensure, you will need to complete a separate set of forms for each supervisor.

In addition to attaining the required hours of supervision, you are also required to document a minimum number of client contact hours during the two-year period of supervision as an LAPC.

1. **Direct contact hours with clients are required for each year.** The total must be appropriate to the hours of supervision received. (approx. four to one)
2. **Contact with at least ten separate clients must be verified for each year.** At least five of these contacts must be individual clients. The remainder may be individual or group clients. An ongoing group will count as only one client.

At the end of the two-year period, your supervisor will be asked to certify that to the best of his/her knowledge, you have met the requirements of client contact hours and client settings.

**SUPERVISION REPORT FORM
LICENSED ASSOCIATE PROFESSIONAL COUNSELOR**

Supervisee's Name: _____
Supervisee's Address: _____
Agency or Office: _____
Job Title: _____

This form records the supervision received by the above named Licensed Associate Professional Counselor (LAPC). The information on the attached pages (the date, method of supervision, and number of hours) is summarized in the space below. As supervisor, you are asked to verify the accuracy of this information and make a recommendation regarding licensure of this individual as a Licensed Professional Counselor (LPC).

The supervision must include individual, face-to-face meetings that occur at regular intervals over the two-year period of the license. Supervision in a group setting may also be provided such as in case conferences among members of a professional staff or other arrangement. A total of 100 hours of supervision through individual and group methods is required for advancement to LPC status. At least sixty (60) hours of the total must be in individual, face-to-face supervision.

Summary of Supervision

Number of Hours of Individual Supervision: _____
Number of Hours of Group Supervision: _____
Total Number of Hours of Supervision: _____

This supervisee has received the number of hours of individual and group supervision recorded on the attached pages and summarized above at regular intervals over the 24 month LAPC licensure.

I certify that to the best of my knowledge, the supervisee has had appropriate direct client hours. The supervisee has had contact with at least ten separate clients for each year, and that at least five of these were individual clients.

I recommend or do not recommend (circle one) this person for licensure as a licensed professional counselor.

Supervisor's Signature: _____

Print or Type Name: _____

Job Title: _____

Professional Credentials: _____

Date Signed: _____

Additional Comments: _____

**SUPERVISEE'S RECORD OF INDIVIDUAL
AND GROUP SUPERVISION**

Supervisee's Name: _____

INDIVIDUAL SUPERVISION

GROUP SUPERVISION

Date Hours Supervisor

Date Hours Supervisor

Do not submit log
pages unless
requested.

Use additional sheets if needed

Supervisee's Name: _____

INDIVIDUAL SUPERVISION

GROUP SUPERVISION

Date	Hours	Supervisor	Date	Hours	Supervisor

Hours Individual: _____
(pages 2, 3 and 4)

Hours Group: _____
(pages 2, 3 and 4)

Total Number of Hours: _____
(Individual plus Group)

The above record indicates the number of hours of supervision that I have received since becoming a Licensed Associate Professional Counselor.

I certify that I have had a **minimum of 200 or more direct contact hours in each of the two years** licensed as an LAPC and that I have had contact with at least ten separate clients in each year. I also certify that at least five of these contacts were individual clients.

My place of professional practice (i.e., name of school, agency, etc.) and location was:

Supervisee's Signature: _____

Date: _____

STATEMENT OF PROFESSIONAL INTENT

Part F.3

Provide the Board with a full written description of your counseling practice. In the space below indicate:

- a. Your intent to practice counseling in North Dakota,
- b. Your setting or settings (private practice, school, community agency, etc.)
- c. Your intended client population, and
- d. The counseling approaches you are qualified to use in serving these clients, AND the basis for those qualifications.