

RECIPROCITY APPLICATION

NORTH DAKOTA CAN ONLY OFFER RECIPROCITY TO COUNSELORS FROM STATES THAT HAVE REQUIREMENTS EQUAL TO OR SUBSTANTIALLY SIMILAR TO NORTH DAKOTA. PLEASE PROVIDE A COPY OF YOUR STATE LAWS THAT SUPPORT THE REQUIREMENTS BELOW:

Does your current licensing state **REQUIRE** a 60 Hr. Masters in Counseling? Yes No

ND requires a 60 Hr. Masters in Counseling

*If no, please apply on the standard application

Does your state **REQUIRE** a minimum 100 hr. practicum and minimum 600 hr. internship relative to counseling? Yes No

ND requires a 100 practicum and 600 hr. internship in counseling

*If no, please apply on the standard application

Does your state **REQUIRE** a passing score on the NCE? Yes No

ND requires a passing score on the NCE- (NCMHCE does not apply to LPC licensure)

*If no, please apply on the standard application

Does your state **REQUIRE** a minimum 100 hours of direct supervision done only by a licensed counselor? Yes No

ND requires supervision be done by a licensed counselor

*If no, please apply on the standard application

If your current licensing state has equal requirements to those listed above, continue with reciprocity. Your state must require (not just accept) the requirements. For instance, your state may accept supervision from a counselor or supervisor outside the counseling discipline. To be eligible for reciprocity your state needs to require supervision by a counselor, therefore matching ND requirements. Your state will need to require the NCE, not either/or with the NCMHCE. Reciprocity applications submitted that do not match ND requirements will be returned and a standard application will be requested.

*Standard Application: <http://www.ndbce.org/PDFs/LAPC-app.pdf>



Application for Licensed Professional Counselor (LPC) Licensure by Reciprocity

INSTRUCTIONS

1. Please provide the information requested.
2. Request an original transcript be sent directly to NDBCE from the university.
3. Fill out top portion of [page 6](#) and send to the state holding your current license.
4. Completed applications should be mailed to the following central 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 automatically refunded. Applicant may reapply.

DO NOT STAPLE OR RUN PAGES BACK TO BACK. USE BLACK INK

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 a work or home address?		
ACADEMIC COUNSELING PROGRAM OR TITLE OF COUNSELING DEGREE		
_____ Total Semester Hours _____ (60 Req.)		
Administrative Code 97-02-01-02. Academic programs.		

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 REQUIRED SEMESTER HOURS MUST BE LISTED IN APPROPRIATE CATEGORY**

1. COUNSELING METHODS (e.g. individual/couples counseling, family counseling)
 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 (includes 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 (e.g. Career Counseling)

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

9. PROFESSIONAL ORIENTATION AND ETHICS (at least 3 semester credits and includes 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 indicating actual hours of each.**

11. Other: (List counseling content)

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

TOTAL SEMESTER HOURS OF COUNSELING DEGREE (minimum 60 required)

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 _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Date Application and fee received:

Affidavit Signed

Yes on Page 1, Part B:

Transcript rec'd

Form from licensing state rec'd

Supervision verified

NCE Verified

Background Check

Comments:

NORTH DAKOTA BOARD OF COUNSELOR EXAMINERS REQUEST FOR INFORMATION & VERIFICATION

To applicant: please send this form to your current licensing board to verify information

This section to be filled out by the applicant:

Name of licensure applicant: _____

Address: _____

City _____ State _____ Zip Code _____

Phone: _____ E-mail address: _____

State where current license is held: _____

This section to be filled out by state issuing current licensure

_____ applied for and was granted _____ licensure
Applicant's name
through the _____ on _____, _____.
Name of licensing board

NCE: date taken _____ Applicants score: _____ Passing score: _____
NCMHCE scores do not apply

Hours of post-masters direct face to face supervision Group: _____ Individual _____ (Do not list supervised experience hours)

Supervisor/credentials _____

Applicant's License # _____ Expiration date: _____ Good Standing _____

Disciplinary Actions (past or present) against this licensure: ___ Yes ___ No (if yes, explain, including dates) _____

Was this license granted by grandfathering? ___ Yes ___ No

_____ Date _____
Name and title of board representative certifying information

Phone #: _____

Please return this form to: _____ email: _____

NDBCE
2112 10th Ave SE
Mandan, ND 58554

D.3. INDIVIDUAL SUPERVISION REPORT FORM

All applicants applying for the Licensed Professional Counselor (LPC) license must have completed 100 hours of individual supervision done by an LPC or LPCC and must submit written verification. **Please submit a separate sheet for each supervisor.** At least 60 hours of the required 100 hours must be face to face supervision.

Supervisee's Name: _____

Agency or Office: _____

Agency or Office Address: _____

Job Title: _____

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

Summary of Supervision

Number of Hours of Individual Supervision: _____

Number of Hours of Group Supervision: _____

Total Number of Hours of Supervision: _____

I attest this supervisee has received the number of hours of individual and group supervision summarized above.

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

Supervisor's Signature: _____

Print or Type Name: _____

Job Title: _____

Counselor Credentials: _____

Date Signed: _____