

## **INSTRUCTIONS FOR LPC APPLICATION (Advancing from LAPC)**

Download this application to advance to LPC from LAPC.

Complete application, sign and submit, along with application fee of \$150, to:

NDBCE  
2112 10<sup>th</sup> Ave. SE  
Mandan, ND 58554

Application must contain verification of 100 hours of direct supervision and 400 hours of client contact hours. The Supervision Report Form is found at the end of the application. In the case of multiple supervisors, each supervisor must complete and sign a verification page.

Application should be submitted no sooner than six weeks prior to the expiration date of the LAPC licensure. Please note supervision must continue until the expiration date of the LAPC, regardless if the minimum 100 hours have been met. The LPC license is not effective until the date of expiration of the LAPC, regardless of when the app is submitted and approved for advancement.

Please contact the NDBCE office with any questions.

701-667-5969  
[ndbce@outlook.com](mailto:ndbce@outlook.com)



# Application for Professional Licensure Advancing from LAPC to LPC

## INSTRUCTIONS

1. Please provide the information requested (see additional information enclosed).
2. Ask your counseling supervisor to mail the forms that document your hours of supervision to the Board.
3. Summarize the supervision received and assess the development of your counseling (page 2).
4. Complete Statement of Intent (page 3).
5. Sign Affidavit (page 4).
6. Attach fee of **\$150.00**.
7. Mail completed application to the following address:

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

**Fill out in BLACK ink only.  
Do Not double side print or  
staple.**

### A. GENERAL INFORMATION

NAME (Last, First, Middle Initial)	Date of birth	LAPC License Number:
MAILING ADDRESS (Street and/or PO Box No., City, State, Zip)		TELEPHONE NUMBER Home Work
		E-mail Address:

Is mailing address a home address or your business address?

### B. ANSWER THE FOLLOWING QUESTIONS

	YES	NO
1. Have you ever been convicted of a felony since receiving your associate license?	—	—
2. Have you become dependent upon, evaluated for, and/or received treatment for drug or alcohol abuse since receiving your associate license?	—	—
3. Have you had a malpractice judgment issues against you since receiving your associate license?	—	—
4. Have you become impaired from effectively providing counseling services since receiving your associate license?	—	—

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

## SUPERVISED EXPERIENCE

Name of Counseling Supervisor \_\_\_\_\_

Summary of Supervision:

Number of Hours of Individual Supervision (min. of 60 hrs) ..... \_\_\_\_\_

Number of Hours of Group Supervision ..... \_\_\_\_\_

Number of Total Hours of Supervision (min. of 100 hrs) ..... \_\_\_\_\_

Number of direct client contact hours (min. of 400 ) ..... \_\_\_\_\_

Verification of 100 hours of direct supervision, 400 hours of direct client contact, and the recommendation of your supervisor are required for advancement to professional counselor status. Please attach the LAPC Supervision Report Form, **attached below**. Use one form for each supervisor.

## SELF-ASSESSMENT OF COUNSELING DEVELOPMENT

## STATEMENT OF PROFESSIONAL INTENT

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.

### AFFIDAVIT

I swear that I am the person referred to in this application for a North Dakota Professional Counselor License, and that the foregoing statements and enclosures are true in every respect.

Further, I swear that I have adhered to the Code of Ethics, adopted by the North Dakota Board of Counselor Examiners in my counseling practice. The code of Ethics for licensed counselors in North Dakota is the Code defined by the North Dakota Century Code.

Enclosed is the license fee of \$150 made payable to the North Dakota Board of Counselor Examiners. Send payment in the form of a money order, cashier's check or personal check. Do not send cash.

Applicant's Signature

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

Date Application and fee received:	Supervision documents received
Yes on Page 1, Part B:	Affidavit Signed
Comments:	

TO: **LICENSED ASSOCIATE PROFESSIONAL COUNSELORS**

FROM: NORTH DAKOTA BOARD OF COUNSELOR EXAMINERS  
2112 10<sup>th</sup> 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.

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 or not.

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. **200 or more direct contact hours with clients are required for each year.** A total of at least 400 direct contact hours with clients for the two-year period is required.
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.

Send this signed form to the Board

**SUPERVISION REPORT FORM  
LICENSED ASSOCIATE PROFESSIONAL COUNSELOR**

Supervisee's Name: \_\_\_\_\_  
Supervisee' 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 a minimum of 200 direct client contact hours in each of the two years of associate licensure. 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 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: \_\_\_\_\_