



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 **\$100.00**.
7. Mail completed application to the following address:

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

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:

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 [page two of the LAPC Supervision Report Form](#), also found on the Board website at www.ndbce.org, LICENSING/LAPC.

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 \$100 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:	