



APPLICATION FOR LICENSED PROFESSIONAL CLINICAL COUNSELOR (LPCC)

INSTRUCTIONS

1. Please provide the information requested (see additional information enclosed)
2. If more space is needed to provide additional information, please attach a separate sheet
3. Mail completed application to the following address:

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

Fees: Attach application fee of \$150.00. This application will be valid for one year from submission date. If licensure process is not completed, applicant may reapply.

Do not staple or print double sided. Use black ink only. Use adequate postage.

A. GENERAL INFORMATION

Name: (Last, First, MI) _____ Date of Birth _____

Mailing Address _____ City, State, Zip _____

Telephone: Work: _____ Home: _____ Fax: _____

Email: _____ LPC Lic. # _____

Is address home or work? _____ Date LPC was granted _____

B. ANSWER THE FOLLOWING QUESTIONS

(any yes answers must be explained in an attached statement)

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you been charged, arrested, or convicted of a felony since receiving your current license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you become dependent upon, evaluated for, and/or received treatment for drug or alcohol abuse since receiving your current license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had a malpractice judgment issued against you since receiving your current license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you become impaired from effectively providing counseling services | <input type="checkbox"/> | <input type="checkbox"/> |

C. EDUCATIONAL EXPERIENCE

SIXTY (60) SEMESTER GRADUATE HOURS REQUIRED: Title 97-02-01 Licensing Requirements

- 1. **Graduate Degree Coursework** – a minimum of 60 semester graduate hours is required in a Masters degree program as documented by a transcript; and
- 2. A minimum of one semester credit hour in each of the following two coursework categories must be included within the sixty semester credits required for the licensed professional clinical counselor. The two categories are:
 - a. Current classification methods in the diagnostic evaluation of psychopathology; and
 - b. Clinical counseling skills; ex: courses in advanced assessment, advanced DSM/diagnosis, advanced techniques, advanced group counseling, courses that focus on a specific theory, motivational interviewing, RCT, etc.

1. **TOTAL SEMESTER GRADUATE HOURS Earned in the Counseling Degree Program:** _____

2. **ADDITIONAL SEMESTER GRADUATE HOURS Earned through Post-Masters Clinical Coursework** _____

TOTAL SEMESTER GRADUATE HOURS = _____

SHOW OR LIST CLINICAL COURSES ONLY.

II. CORE CLINICAL COURSEWORK:

AS PART OF THE TOTAL 60 SEMESTER GRADUATE HOURS, A **MINIMUM** OF ONE SEMESTER HOUR **MUST BE COMPLETED** IN EACH OF THE FOLLOWING CATEGORIES.

LIST ALL COURSEWORK FOR EACH REQUIRED CLINICAL AREA.

1. **GRADUATE LEVEL COURSE: ABNORMAL PSYCHOLOGY AND PSYCHOPATHOLOGY**

Diagnostic evaluation of Psychopathology.

Course Number:	Course Title	Sponsoring Organization	Semester Hours	Date Taken
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2. **CLINICAL COUNSELING SKILLS.**

Course Number:	Course Title	Sponsoring Organization	Semester Hours	Date Taken
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III. LPCC ADDITIONAL CLINICAL COURSEWORK

- Up to 12 “equivalent graduate hours” may be earned through documentation of **additional** post-Masters clinical coursework, workshops, or training. Attach transcripts, certificates of participation, or other written documentation.
- One semester graduate hour will be granted for every **15** contact hours of participation.
- Clinical Coursework, workshops, or training must be consistent with one of the six following topic areas. It is not required that coursework be completed in every topic area.

LIST ALL CLINICAL COURSEWORK, WORKSHOPS, OR TRAINING SUBMITTED FOR “**ADDITIONAL SEMESTER GRADUATE HOURS.**” **DO NOT USE GENERAL COUNSELING COURSES USED IN THE ORIGINAL 48 HOUR MASTERS.**

1. ABNORMAL PSYCHOLOGY AND PSYCHOPATHOLOGY.

Course Number:	Course Title	Sponsoring Organization	Contact Hours	Date Taken
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2. HUMAN GROWTH AND DEVELOPMENT.

Course Number:	Course Title	Sponsoring Organization	Contact Hours	Date Taken
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3. PROFESSIONAL ORIENTATION AND ETHICS.

Course Number:	Course Title	Sponsoring Organization	Contact Hours	Date Taken
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4. CAREER DEVELOPMENT.

Course Number:	Course Title	Sponsoring Organization	Contact Hours	Date Taken
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5. RESEARCH AND EVALUATION.

Course Number:	Course Title	Sponsoring Organization	Contact Hours	Date Taken
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6. SOCIAL AND CULTURAL FOUNDATIONS.

Course Number:	Course Title	Sponsoring Organization	Contact Hours	Date Taken
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Total Clinical CEH's (contact hours) _____ ÷ 15 = _____ Semester

D. CLINICAL SUPERVISION AND LETTERS OF RECOMMENDATION

- 1. All Applicants Applying for the Licensed Professional Clinical Counselor (LPCC) License Must Have Completed 700 Hours of Clinical Training in Supervised Practica and /or Internships Relevant to the Practice of Clinical Counseling.**

These hours may be within the required sixty (60) graduate semester hours.
Written verification must be provided. (See page 8 for form.)

- 2. All Applicants Applying for the LPCC License Must Have Two Years (3000 Hours) of Supervised Clinical Counseling Work Experience including 100 hours of direct supervision (see #3 below).(See page 8 for form)**

- 3. All Applicants Applying for the Licensed Professional Clinical Counselor (LPCC) License Must Have Clinical Work Experience Which Includes 100 Hours of Direct Post-Masters Clinical Supervision by an LPCC.**

At least 60 of the required total of 100 hours must be individual, face-to-face supervision.
Written verification must be provided by the clinical supervisor on the form on page 9.

- 4. Letters of Recommendation Required.**

- a. The clinical professional who provided direct supervision of clinical counseling work experience. – Use form provided – pgs 6/7
- b. Two additional professionals who are familiar with the applicant's clinical experience.
**** Letters should speak to clinical competencies, interpersonal skills, ethical concerns, clinical counseling skills****

E. NATIONAL MENTAL HEALTH CLINICAL COUNSELING EXAMINATION (NCMHCE); A PASSING SCORE IS REQUIRED

1. I have completed this requirement..... Yes No
2. If yes, please include official documentation of passing score on the NCMHCE.

4.a LETTER OF REFERENCE TO BE FILLED OUT BY CLINICAL SUPERVISOR(S).

Use separate letter for each supervisor.

Applicants name: _____
Supervisors name: _____ Credentials: _____ Number of Hours:
Ind. _____ Group _____

NDBCE Administrative rules: 97-02-02.1-06 "Clinical Counseling" means providing clinical mental health counseling services involving the application of principles of human development, learning theory, psychotherapy, group dynamics, and the etiology of mental illness and dysfunctional behavior to individuals, couples, families and groups for the purpose of promoting optimal mental health, dealing with normal problems of living and treating psychopathic disorders.

Please state the strengths/weaknesses you observed in your supervisee relating to the above applications.

NDBCE Administrative rules: 97-02-02.1-06(continued) Clinical counseling includes diagnosis and treatment of emotional and mental disorders; psycho-educational techniques aimed at the prevention of emotional and mental disorders; consultation to individuals, couples, families, groups, organizations and communities; and clinical research into more effective psycho-therapeutic modalities.

Please state the strengths/weaknesses you observed in your supervisee relating to the above inclusions.

Please describe a minimum of two of the following components of effective clinical counseling that you observed in your supervisee:

- | | |
|--|--|
| <ul style="list-style-type: none"> 1. Accurate empathic understanding of the client's presenting complaints 2. A collaborative therapeutic relationship with the client(s) characterized by mutual respect, sharing, and bonding 3. Confidence in and comfort with the methods and techniques employed 4. Flexibility to alter plans and approaches to fit specific client needs | <ul style="list-style-type: none"> 5. Awareness of one's own limitations and counter transference dynamics that might be adversely effecting progress 6. Skilled use of situation-specific treatment interventions and the ability to articulate the rationale for such use 7. Referral to other professional services as appropriate |
|--|--|

Summarize your supervisory experience with this applicant, and why you would recommend/not recommend (please circle one) this applicant for LPCC licensure.

Supervisor Signature

Print Supervisor Name

Date

F: SUPERVISED CLINICAL COUNSELING EXPERIENCE:

1. Practica-Internships

All applicants applying for the Licensed Professional Clinical Counselor (LPCC) license must have completed 700 hours of clinical training in Supervised Practica and/or Internships relevant to the practice of clinical counseling.

These hours may be within the required sixty (60) graduate semester hours. Attach written verification to this form.

Supervisee's Name: _____

Supervisor's Name: _____

Job Title: _____

Address: _____

Dates of Practicum
and or Internships: _____

Hours of Face to Face

Supervision: _____

Brief description of your professional work during the Practica/Internship and Supervision:

2. Post-Masters Supervised Clinical Counseling Work Experience

All applicants applying for the Licensed Professional Clinical Counselor (LPCC) license must have completed 3000 hours of Supervised Clinical Counseling work experience. Attach written verification to this form (such as a letter of recommendation from someone who can verify employment dates).

Supervisor's Name: _____

Agency or Office: _____

Address: _____

Job Title: _____

Dates of Employment: _____

Hours of Face to Face Supervision: _____

Brief description of your supervised professional work during the Post-masters Clinical Counseling work experience:

Supervisor's Name: _____

Agency or Office: _____

Address: _____

Job Title: _____

Dates of Employment: _____

Hours of Face to Face Supervision: _____

Brief description of your supervised professional work during the Post-masters Clinical Counseling work experience:

D.3. INDIVIDUAL SUPERVISION REPORT FORM

All applicants applying for the Licensed Professional Clinical Counselor (LPCC) license must have completed 100 hours of individual supervision done by an 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 Clinical Counselor (LPCC).

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: _____

Clinical Credentials: _____

Date Signed: _____

AFFIDAVIT

I swear that I am the person referred to in this application for a North Dakota Professional Clinical 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.

Applicants Signature

Date

DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY

DATE APPLICATION AND FEE RECEIVED	CONTINUING EDUCATION REQUIREMENT
YES ON PAGE 1, QUESTIONS	AFFIDAVIT SIGNED
COMMENTS	