



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. # _____

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 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 since receiving your current license? | <input type="checkbox"/> | <input type="checkbox"/> |

C. EDUCATIONAL EXPERIENCE

I. SIXTY (60) SEMESTER GRADUATE HOURS REQUIRED:

These 60 hours may be earned through both of the following options:

1. **Graduate Degree Coursework** – a minimum of 48 semester graduate hours is required in a Masters degree program as documented by a transcript; and
2. **Additional *Clinical Coursework, Workshops and Training*** – Up to 12 “equivalent graduate hours” may be earned through documentation of post-Masters counseling coursework, workshops and training obtained beyond the Masters degree program in designated topic areas.
 - One semester graduate hour will be granted for every 15 contact hours of additional, documented post-Masters educational experience.
 - This additional “equivalent” graduate credit must be documented by completing the following “Core Clinical Coursework” and “LPCC Additional Coursework” sections – and providing transcripts, certificates of participation, or other written verification for each educational experience submitted.

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

2. **ADDITIONAL SEMESTER GRADUATE HOURS Earned through Post-Masters Clinical Coursework, Workshops, or Training (15 contacts hours = 1 semester hour)** _____

TOTAL SEMESTER GRADUATE HOURS = _____

SHOW OR LIST *ADDITIONAL CLINICAL COURSES AND TRAININGS ONLY.*

II. CORE CLINICAL COURSEWORK:

AS PART OF THE TOTAL 60 SEMESTER GRADUATE HOURS, A **MINIMUM OF FIFTEEN (15) CONTACT HOURS MUST BE COMPLETED** IN EACH OF THE FOLLOWING THREE CATEGORIES.

LIST ALL COURSEWORK, WORKSHOPS, OR TRAINING FOR EACH REQUIRED CLINICAL AREA.
Attach transcripts, certificates of participation, or other written documentation.

1. GRADUATE LEVEL COURSE: ABNORMAL PSYCHOLOGY AND PSYCHOPATHOLOGY.

Course Number: Course Title Sponsoring Organization Contact Hours Date Taken

AND/OR

2. GRADUATE LEVEL COURSE: APPRAISAL AND DIAGNOSTIC EVALUATION.

Course Number: Course Title Sponsoring Organization Contact Hours Date Taken

3. CLINICAL COUNSELING SKILLS.

Course Number: Course Title Sponsoring Organization Contact Hours Date Taken

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
----------------	--------------	-------------------------	---------------	------------

2. HUMAN GROWTH AND DEVELOPMENT.

Course Number:	Course Title	Sponsoring Organization	Contact Hours	Date Taken
----------------	--------------	-------------------------	---------------	------------

3. PROFESSIONAL ORIENTATION AND ETHICS.

Course Number:	Course Title	Sponsoring Organization	Contact Hours	Date Taken
----------------	--------------	-------------------------	---------------	------------

4. CAREER DEVELOPMENT.

Course Number:	Course Title	Sponsoring Organization	Contact Hours	Date Taken
----------------	--------------	-------------------------	---------------	------------

5. RESEARCH AND EVALUATION.

Course Number:	Course Title	Sponsoring Organization	Contact Hours	Date Taken
----------------	--------------	-------------------------	---------------	------------

6. SOCIAL AND CULTURAL FOUNDATIONS.

Course Number:	Course Title	Sponsoring Organization	Contact Hours	Date Taken
----------------	--------------	-------------------------	---------------	------------

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 5 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 5 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 6.

- 4. Letters of Recommendation Required.**

- The clinical professional who provided direct supervision of clinical counseling work experience.
- 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

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

F. DEMONSTRATION OF CLINICAL SKILLS

- 1. All Applicants Must Submit a Demonstration of Clinical Skills in a Videotaped Counseling Session of No Less Than Thirty (30) Minutes Duration.**

The videotape may involve either an individual or group setting.
Consent forms signed by all videotaped clients must be included.
Applicant must complete the LPCC Applicant Critique Form.

(see pages 7 through 10 for video guidelines and forms)

D: 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:

Use additional sheets if needed

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 recorded on the attached pages and 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: _____

NORTH DAKOTA BOARD OF COUNSELOR EXAMINERS

**F. GUIDELINES FOR SUBMISSION
OF A VIDEOTAPED CLINICAL SESSION**

All applicants for the Licensed Professional Clinical Counselor (LPCC) credential must submit a videotape recording of a clinical counseling session of at least 30 minutes duration. In addition, the applicant will provide a written self-critique of the session using the enclosed form. This videotaped counseling sample may be of an individual, couple, family or group session. In all cases, the videotape must be accompanied by the provided release form signed by the client(s).

Regardless of the theoretical approach employed, the commonalities of therapeutic competency will be assumed and evaluated. Generally, the counselor will be expected to demonstrate the following components of effective clinical counseling:

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
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

More specifically, the counselor will be evaluated on the ability to demonstrate the following therapeutic skills. It is not necessary that every specific competency noted is exhibited in the session in order for the videotape to be acceptable.

- | | |
|-----------------------------|------------------------------|
| + attending and listening | + questioning and probing |
| + primary empathy | + immediacy |
| + advanced empathy | + confrontation |
| + non-judgmental acceptance | + thematic focus |
| + genuineness | + multi-cultural sensitivity |
| + concreteness and clarity | + summarization |

In addition, the applicant's critique of his/her videotaped session will be evaluated on the degree to which the following are clearly and accurately presented:

- | | |
|--|--|
| + diagnosis | + treatment plan |
| + goals and objectives | + identification of strengths and weaknesses |
| + clinical interventions proposed and used | |

It is recognized that many counselors may be anxious about videotaping a session. It is suggested that several sessions be recorded and the best one selected for submission.

It is hoped that the videotaping experience, your own critique of the session, and the Board's review and feedback will provide a constructive evaluation and learning experience for the applicant.

**LPCC APPLICANT CRITIQUE
OF VIDEOTAPED CLINICAL COUNSELING SESSION**

Applicant's Name _____ **Date** _____

Directions: Provide your response to each question concerning the videotaped session which you are submitting with your application. Please type or clearly print your responses. You may use additional sheets if needed, but you must number your responses to correspond to the questions. While being as brief as possible, please answer with detail and be specific.

1. How many times have you seen this client, over what span of time, and in what setting?

2. Describe presenting problem and your diagnostic impressions - including a five axis DSM-IV diagnosis.

Axis I.

Axis II.

Axis III.

Axis IV:

Axis V:

3. What are the goals and objectives of this session? Include your rationale.

4. Comment on your effectiveness in accomplishing the goals established for this session. Identify specific strengths and weaknesses.

5. Identify the theoretical approach and give specific examples of techniques or procedures utilized in this session consistent with this approach.

6. What are the client's relevant nonverbal behaviors in this session?

7. Based on the results of this sessions, discuss goals and objectives for your subsequent work with this client - as well as your overall treatment plan.

8. Discuss the relationship dynamics that effect your work with this client. Comment on such factors as transference, counter transference, and resistance.

RELEASE OF INFORMATION

Applicant's Name _____

I hereby give my permission to release a videotape of one of my counseling sessions with the above applicant to the North Dakota Board of Counselor Examiners (NDBCE), to be used in evaluating the applicant for licensure as a Licensed Professional Clinical Counselor. I understand that this videotape will not be released by the NDBCE for any other purpose and that anonymity is guaranteed. I further understand that this videotape will be destroyed by the NDBCE following the application process.

Client Signature _____

Client's Name (Printed) _____

Date _____

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	

*** For proper printing of forms use 0.5 setting for all four margins. Font used: Arial