

APPLICATION FOR NORTH DAKOTA COUNSELOR SUPERVISOR CERTIFICATION

Please fill out form completely, attach fee of \$100 written to NDBCE, and mail to:

NDBCE
2112 10th Ave SE
Mandan, ND 58554

Name _____

Address _____ City _____ State _____ Zip _____

Phone – email _____

* ND Counseling License Held LPC LPCC Lic. Number _____ Expires _____

Years of Experience as a Licensed Counselor _____ Minimum of five years required

Counselor Signature _____ Date _____

FOR NDBCE USE ONLY

North Dakota Licensure verified and in good standing _____ Date Fee paid _____

Minimum five years experience verified _____

Reviewed by _____ Date _____

Approved _____ Denied (Circle one) _____

Comments _____

Supervisor Certification Number _____ Expiration Date _____

** If supervisor does not hold ND LPC or LPCC, but holds a counselor license in another state,
please complete reciprocity application at www.ndbce.org **

Effective **7-1-16**, all Counselors applying for Supervisor Certification must provide documentation of
thirty (30) hours of continuing education or professional development in supervision

Effective **7-1-19**, all Counselors applying for Supervisor Certification renewal must provide documentation of
thirty (30) hours of continuing education or professional development in supervision