



Application for Professional Licensure LAPC or LPC

INSTRUCTIONS

1. Please provide the information requested (see additional information enclosed).
2. If additional space is needed, please attach a separate sheet.
3. Completed applications should be mailed to the following central address:

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

FEES: Attach application fee of \$150.00 (\$50.00 of which is non-refundable).

* This application will be valid for one year from submission date. If licensure process is not completed, \$100 will be automatically refunded. Applicant may reapply.

A. GENERAL INFORMATION

NAME (Last, First, Middle Initial)	Date of Birth:	E-mail Address:
MAILING ADDRESS (Street and/or PO Box No., City, State, Zip)		TELEPHONE NUMBER Home Work
License You Are Applying For: (Check One)		
<input type="checkbox"/> LICENSED ASSOCIATE PROFESSIONAL COUNSELOR (LAPC) (omit Section F) <input type="checkbox"/> LICENSED PROFESSIONAL COUNSELOR (LPC) (Omit Section D)		
MAJOR AS IT APPEARS ON 48 Hr. GRADUATE TRANSCRIPT		
* Graduate transcripts in disciplines other than counseling are subject to a \$200 review fee *		

B. ANSWER THE FOLLOWING QUESTIONS

	YES	NO
1. Has your application for license ever been refused?	—	—
2. Has your license ever been revoked or have you ever been the subject of disciplinary action by any licensing agency?	—	—
3. Have you ever been convicted of a felony?	—	—
4. Are you currently experiencing any incapacity that would prevent you from effectively practicing counseling?	—	—
5. Have you ever had a malpractice judgment issued against you?	—	—
("yes" answers must be explained in an attached statement).		

C. EDUCATIONAL EXPERIENCE (most recent institution first).

Have degree conferring institution send copy of graduate transcript directly to this board.

GRADUATE INSTITUTIONS University/College City/State	DATES ATTENDED Month/Year to Month/Year	DEGREE	CONFERRED Month/Year

LIST ALL COURSES TAKEN FOR GRADUATE CREDIT UNDER THE FOLLOWING TOPIC AREAS – This section **MUST BE COMPLETE.**

1. COUNSELING METHODS

Course No.	Dept.	Title of Course	Date Taken
_____	_____	_____	_____

2. GROUP COUNSELING

Course No.	Dept.	Title of Course	Date Taken
_____	_____	_____	_____

3. COUNSELING THEORIES

Course No.	Dept.	Title of Course	Date Taken
_____	_____	_____	_____

4. INDIVIDUAL APPRAISAL/TESTING

Course No.	Dept.	Title of Course	Date Taken
_____	_____	_____	_____

5. RESEARCH METHODS/STATISTICS

Course No.	Dept.	Title of Course	Date Taken
_____	_____	_____	_____

6. HUMAN GROWTH AND DEVELOPMENT

Course No.	Dept.	Title of Course	Date Taken
_____	_____	_____	_____

7. SOCIAL AND CULTURAL FOUNDATIONS

Course No.	Dept.	Title of Course	Date Taken
_____	_____	_____	_____

8. CAREER AND LIFESTYLE DEVELOPMENT

Course No.	Dept.	Title of Course	Date Taken
_____	_____	_____	_____

9. PROFESSIONAL ORIENTATION AND ETHICS

Course No.	Dept.	Title of Course	Date Taken
_____	_____	_____	_____

10. COUNSELING PRACTICUM/INTERNSHIP

Course No.	Dept.	Title of Course	P/I Supervisor	Date Taken
_____	_____	_____	_____	_____

#10: Practicum/Internship: Include verification letter from academic program director or clinical supervisor indicating actual hours

D. LICENSED ASSOCIATE PROFESSIONAL COUNSELOR (LAPC) APPLICANTS ONLY.

1. Complete the proposed plan below for required two year post-masters supervised experience.

POST-MASTERS DEGREE SUPERVISED COUNSELING WORK EXPERIENCE

Indicate your proposed supervision below.

SUPERVISOR'S NAME	TITLE/CREDENTIAL
INSTITUTION OR BUSINESS NAME:	
CURRENT ADDRESS:	
PLEASE ENCLOSE SUPERVISOR'S VITA, PHONE NUMBER, AND E-MAIL ADDRESS	
WRITTEN PROPOSED PLAN FOR REQUIRED TWO-YEAR SUPERVISED EXPERIENCE: 1. Plan should include intended client population; 2. Counseling procedures to be used; 3. How the requirements will be met. Supervisors must hold credentials equal to or greater than the LPC, (i.e. LPC, LPCC, LICSW, Psychologist). Supervision must take place at regular intervals over the two years. Any change in the Plan of Supervision <u>MUST</u> be reported to the Board <u>immediately</u> .	

2. Letters or Recommendation Required (Please have the following persons mail these directly to the Board).

- a. Practicum or Internship Agency Supervisor
- b. Masters Degree Program Advisor
- c. An Additional Counselor Educator

E. NATIONAL COUNSELOR EXAMINATION (NCE); A PASSING SCORE IS REQUIRED.

- a. I have completed this requirement..... ____Yes ____No
- b. If Yes, please include documentation of passing score on the NCE.
- c. If No, please include separate check for \$40 to NDBCE for approval to test review.

F. FOR LICENSED PROFESSIONAL COUNSELOR (LPC) APPLICANTS ONLY.

1. All applicants applying for the Licensed Professional Counselor (LPC) license must have two years of post-masters counseling supervised work experience.

2. Letters of Recommendation Required (Please have the following persons mail these directly to the Board).

- a. Employer who provided general supervision of counseling work experience.
- b. Licensed Professional Counselor who provided direct supervision of counseling work experience
- c. Counselor Educator who provided direct supervision in the applicant's Practicum/Internship

3. Enclose a written statement of intent to practice in the State of North Dakota.

AFFIDAVIT

I, the below named applicant, being duly sworn, state that I am the person referred to in the preceding application for a license to practice as a counselor in the State of North Dakota, and that all foregoing statements and enclosures are true in every respect.

I submit for consideration the above proofs as required by the North Dakota law governing the practice of counselors and subject to the rules and regulations of the North Dakota Board of Counselor Examiners.

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

The board may require further evidence that it deems reasonable and proper.

Must be signed in presence of a notary.

Applicant's Signature

Subscribed and sworn before me this _____ day of _____, 20_____.

Typed or printed name of notary _____

Notary Signature

My Commission Expires: _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Date Application and fee received:	Testing Fee/Date Paid
Degree:	Transcripts
Recommendation Letters 1. _____ 2. _____ 3. _____	Practicum/Internship
Yes on Page 1, Part B:	
Comments:	