

GENERAL INSTRUCTIONS: APPLICATION FOR NORTH DAKOTA COUNSELOR LICENSE: LAPC or LPC

**ALL APPLICATIONS FOR COUNSELOR LICENSURE IN NORTH DAKOTA REQUIRE A
MINIMUM 60 HOUR MASTERS DEGREE IN COUNSELING,**
Write clearly and legibly and use black ink only.

Applicants applying for LAPC or LPC in the state of North Dakota must download the [LAPC application](#). Found on the website under LICENSING or FORMS & APPLICATIONS, it is indicated by a note saying it is the form for all initial applications for licensure. There is a place in the middle of the first page of the application that requires the applicant to check which license the application is for. Throughout the application, the requirements for each license type are listed in categories specific to the particular license.

Requirements for ND licensure are listed below:

ACADEMIC REQUIREMENTS: **

Minimum 60 semester credits (90 quarter credits) **Masters Degree in Counseling** from an accredited program or institution. The course requirements can be found on the website under [ACADEMIC REQUIREMENTS](#). This outlines the type of degrees and the core coursework that is required, including Research Methods with content on statistical analysis pertaining to counseling, and three semester credits (or five quarter credits) of Professional Orientation and Ethics which must include content on the profession of counseling and the ACA Code of Ethics.

To qualify for approval, at least one course per topic area must be listed. Applications may be submitted with one or more topic areas left blank, however, the applicant may be required to complete additional coursework before the application is approved.

Any transcripts requiring review for qualification under section 97-02-01-02 may be submitted by the board to the National Board for Certified Counselors and the fee assessed to the applicant.

Applicants may make application in the final semester of the program.

An original copy of the official current academic transcript must be received in the Board office, sent directly from the institution. For applicants currently in school, once graduation takes place a final transcript must be received in the Board office prior to final review for licensure.

The application requires a minimum 700 Hr. practicum/internship in the practice of counseling. Verification of the **actual number of hours** is required.

**** As of July 1, 2017 all applications submitted will require a minimum 60 Hr. Masters Degree in Counseling.**

LETTERS OF RECOMMENDATION:

Three letters of recommendation are required. The application lists the sources of the recommendations for each license. One of the letters, from a counselor educator or site supervisor, can also verify the practicum and internship actual hours, as listed above.

Letters of recommendation should speak to competencies, interpersonal skills, ethical concerns

BACKGROUND CHECK FOR CRIMINAL HISTORY:

All new applications require a background check. Cards and further information are sent to the applicant after the application is received. Do not have prints taken until the Board supplies you with the cards and proper documents and instructions.

NATIONAL EXAM:

All LAPC's and LPC's must take and pass the National Counselor Exam. Once the application and original transcript (either final or to date) are received, the board will review for approval to test. Further instructions and forms are sent once the approval is in place. If the applicant has taken and passed the exam, test results must be received in the Board office, directly from NBCC.

COUNSELING SUPERVISION:

North Dakota counselor licensure requires 100 hours of direct supervision by a board approved and certified supervisor under a Plan that is filed during the application process. [Further information and description of the supervision](#) is found in a document under the "Licensing" (LAPC) section of the website.

Once the applicant has completed 100 hours of direct supervision in counseling, spread over a two year period, by a board approved certified supervisor, verification of the supervision must be provided as part of the application process for LPC.

NOTE: The only difference between the LAPC and LPC application requirements is the status of the supervision and post degree counseling hours (direct client contact). No supervision or supervised counseling hours = LAPC, completed supervision (if qualifies) and supervised counseling hours = LPC.

IN SUMMARY:

1. Download ***application for initial licensure***, found under the LICENSING or FORMS & APPLICATIONS tab on the left hand menu of the website.
2. Request a current Masters in Counseling transcript be sent to the board office directly from the institution.
3. Request three letters of recommendation as listed on the application.
4. Review [ACADEMIC](#) requirements when filling out page two of the application. Provide the course number, title, and date taken for each course that qualifies for any of the 10 topic areas.
5. Follow instructions for background check when information is received from the board.
6. Follow instructions for testing when information is received from the board.
7. File a [Plan of Supervision](#), found at the end of the application.
8. Plan must include a supervisor that is Certified with the ND Board and holds an LPC or LPCC.
9. Send fee of \$150 and sign application in front of a notary.
10. Assure proper postage on the envelope.

*** During the 2017 Legislative Session, the Legislature wrote new requirements for supervision. These rules would allow for 50 hours of supervision from a supervisor outside of the counseling field provided the supervisor is credentialed as a supervisor in his/her mental health profession, and the applicant **demonstrates a hardship as to why a counselor supervisor can not be secured**. NOTE: the board provides a list of available supervisors on the website in the event one can't be found elsewhere, and the board will allow HIPAA compliant electronic or distant supervision.*



Do
Not
Staple

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 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 refunded. Applicant may reapply.

* Academic programs are programs identified specifically as counseling programs in the graduate bulletin of the accredited school or college. These programs include counseling, counselor education, counseling and guidance, counseling and development, and counseling psychology. (Article 97-02-01-01. Requirements to become a licensed professional counselor.)

DO NOT STAPLE APPLICATION OR COPY TWO SIDED



A. GENERAL INFORMATION

NAME (Last, First, Middle Initial)	Date of Birth:	TELEPHONE NUMBER Home Work
MAILING ADDRESS (Street and/or PO Box No., City, State, Zip)		E-mail Address:
Is this home or work address?		
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)		
LIST ACADEMIC COUNSELING PROGRAM OR TITLE OF COUNSELING DEGREE		
Administrative Code 97-02-01-02. Academic programs.		
List Degree here:		

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).

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

Have degree conferring institution send current copy of graduate transcript directly to this board.
 LIST ALL COURSES TAKEN FOR GRADUATE CREDIT UNDER THE FOLLOWING TOPIC AREAS – This section

MUST BE COMPLETE. ALL 60 SEMESTER HOURS MUST BE LISTED IN APPROPRIATE CATEGORY

1. COUNSELING METHODS

Course No. Dept. Title of Course Date Taken Sem. Hr.

2. GROUP COUNSELING

Course No. Dept. Title of Course Date Taken Sem. Hr.

3. COUNSELING THEORIES

Course No. Dept. Title of Course Date Taken Sem. Hr.

4. INDIVIDUAL APPRAISAL/TESTING (Assessment)

Course No. Dept. Title of Course Date Taken Sem. Hr.

5. COUNSELING RELATED RESEARCH METHODS/STATISTICS (inc. content on statistical analysis of data sets pertaining to topics in counseling)

Course No. Dept. Title of Course Date Taken Sem. Hr.

C. EDUCATIONAL EXPERIENCE - Continued

6. HUMAN GROWTH AND DEVELOPMENT

Course No. Dept. Title of Course Date Taken Sem. Hr.

7. MULTICULTURAL COUNSELING

Course No. Dept. Title of Course Date Taken Sem. Hr.

8. CAREER AND LIFESTYLE DEVELOPMENT

Course No. Dept. Title of Course Date Taken Sem. Hr.

9. PROFESSIONAL ORIENTATION AND ETHICS (3 sem. Hours and inc. content on the profession of counseling and the American Counseling Association Code of Ethics)

Course No. Dept. Title of Course Date Taken Sem. Hr.

10. COUNSELING PRACTICUM/INTERNSHIP

Course No. Dept. Title of Course Supervisor Date Taken Sem. Hr.

10A – Practicum – (Min. 100 hours)

10B – Internship - (Min. 600 hours)

#10A & 10B: Include verification letter(s) from academic program director or clinical supervisor indicating actual hours of each.

11. Other: (List counseling content)

Course No. Dept. Title of Course Date Taken Sem. Hr.

TOTAL SEMESTER 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:	
*SUPERVISOR CERTIFICATION NUMBER:	
Click here for written proposed Plan Of Supervision Form	
http://www.ndbce.org/pdfs/lapcsupervisionplan.pdf	
Any change in the Plan of Supervision MUST be reported to the Board <u>immediately</u> .	
*Application for Supervisor Certification can be found on opening page of NDBCE website at www.ndbce.org	

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 request NBCC send the score directly to this board.**

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 including 100 hours direct supervision under a licensed counselor.

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 (minimum 100 hours)
- 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 including intent to practice distant or internet counseling.

Letters of recommendation should speak to competencies, interpersonal skills, ethical concerns

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. 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.

As an applicant for licensure as a Professional Counselor, I understand that a criminal background records check shall be completed. I hereby waive and release the North Dakota Board of Counselor Examiners, the North Dakota Bureau of Criminal Investigation (ND BCI), and the Federal Bureau of Investigation (FBI), their officers, employees, and agents, both in their official and individual capacities, from any and all legal liability for damages that result from the furnishing or receiving of such criminal records information.

I understand that as a person who is subject to a background check, I am entitled to: (a) Obtain a copy of any background check report from the North Dakota Bureau of Criminal Investigation or Federal Bureau of Investigation by following their record request procedures; and (b) Challenge the accuracy and completeness of any such report (in the jurisdiction involved with the charge or conviction); and obtain a prompt resolution before a final determination is made for licensing. A photocopy or carbon copy of this signed release shall have the same force and effect as the original release executed by me below,

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

Fees paid	Amt	Check #	Date	Yes on Page 1, Part B:	
Transcripts		Letters	P/I verification:	NCE	Background Check
Comments:					

PLAN OF SUPERVISION FOR LAPC LICENSURE

Name and Credentials of Supervisor _____

Supervisor address and contact information

City _____ State _____ Zip _____ Phone _____ Email _____

ND Counselor Supervisor Certification Number _____

Practice Setting of LAPC) _____

Type of counseling (brief job description of LAPC) _____

Schedule of Supervision, both face to face and group _____

Is this supervision and two-year experience intended to result in clinical licensure (LPCC) ? _____

If yes, please list [LPCC licensure requirements](#) that will be fulfilled through this two-year Plan. *Please note, LPCC application requires two years of supervised clinical experience in a clinical setting with a clinical supervisor(LPCC). If the clinical work as described does not begin immediately, the clinical clock will start when the clinical work does, and LPCC application may take place two years from that point. The National Clinical Mental Health Counselor Exam may be taken during the second year of clinical LAPC practice.*

I have read the **Supervision Guidelines** found under the LAPC Licensing link on the NDBCE website and understand any interruption or change in supervision must be reported to the NDBCE immediately. I have also read **Section F: Supervision, Training and Teaching**, in the *ACA Code of Ethics, 2014*, found on the NDBCE website.

Supervisee Signature _____ Date _____

Supervisee Name (print clearly) _____

Supervisor Signature _____ Date _____

Supervisor Name (print clearly) _____

