

NORTH DAKOTA OF COUNSELOR BOARD EXAMINERS

Application for Professional Licensure MILITARY – Reciprocity or Provisional



Are you a spouse of a member of the armed forces of the United States or a reserve component of the armed forces of the United States? If "yes," please provide proof of military spouse status, such as military orders

Name Last, First	Date of Birth	Phone:
_____	_____	_____
Address, City, State, Zip (Home or business?)	Email:	
_____	_____	

Applying for: _____ LPC	Send Application to:	
_____ LPCC	NDBCE	
	2112 10 th Ave. SE	
	Mandan, ND 58554	

NORTH DAKOTA CENTURY CODE: 43-51-11.1. Military spouses - Licensure.

1. A board will provide a licensure for active military spouses upon proof of competency, verification that the applicant has experience for at least two of the last four years preceding the date of application, and that granting the license will not substantially increase the risk of harm to the public. The board therefore requires the following for licensure:

- i. Verification of licensure in good standing from current or most recent licensing state
- ii. Verification of Graduate Degree in Counseling (i.e. copy of transcript or diploma)
- iii. Verification of two out of past four years of active counseling practice. This can be shown from a signed curriculum vitae or letter from previous employer.
- iv. Verification of current military status (i.e. Military orders)
- v. Background check to be completed on NDBCE materials (provided by the Board) upon application

FOR LPCC APPLICATION ONLY

- vi. Show completion of the NCMHCE
- vii. Verification of clinical practice in previous state, including application of clinical skills.

2. A board will issue a provisional license or temporary permit to a military spouse for which one or more of the licensure requirements under (1) have not been met. A provisional license or temporary permit issued under this subsection remains valid for 90 days while the military spouse is making progress toward satisfying the necessary unmet licensure requirements, unless otherwise approved by the board. Background checks must be completed within 30 days. A military spouse issued a license under this section has the same rights and duties as a licensee issued under the traditional licensure method. A military spouse may practice under a provisional license or temporary permit issued under this subsection until any of the following occurs:

- a. The board grants or denies the military spouse a North Dakota license under subsection 1 or grants a North Dakota license under the traditional licensure method;
- b. The provisional license or temporary permit expires;
- c. The military spouse fails to comply with the terms of the provisional license or temporary permit: or
- d. The Board revokes the provisional license or temporary permit based on a determination revocation is necessary to protect the health and safety of residents of North Dakota.

- | | | |
|---|-----------|----------|
| 1. Has your application for license ever been denied? | _____ Yes | _____ No |
| 2. Has your license ever been revoked or have you ever been the subject of disciplinary action by any licensing agency? | _____ Yes | _____ No |
| 3. Have you ever been arrested, charged, convicted, or plead no contest to a misdemeanor (other than minor traffic offenses) or felony? | _____ Yes | _____ No |
| 4. Have you ever had a malpractice judgment issued against you? | _____ Yes | _____ No |

Any "yes" answers must be accompanied with explanation on separate sheet. Please also attach any applicable or relevant documentation including any court documents.

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. 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: _____