



Application for Licensed Professional Counselor (LPC) Licensure by Reciprocity

INSTRUCTIONS

1. Please provide the information requested.
2. Request an original transcript be sent directly to NDBCE from the university.
3. Fill out top portion of [page 5](#) and send to the state holding your current license.
4. 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:	TELEPHONE NUMBER Home Work
MAILING ADDRESS (Street and/or PO Box No., City, State, Zip)		E-MAIL ADDRESS:
MAJOR AS IT APPEARS ON 48 Hr. GRADUATE TRANSCRIPT		
\$200 fee assessed for review of Masters outside of counseling disciplines		

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 Has your license ever been revoked or have you ever been the subject of disciplinary action by any licensing agency?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 a copy of your graduate transcript directly to this board.

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

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 of \$150 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:

Affidavit Signed

Yes on Page 1, Part B:

Transcript rec'd

Form from licensing state rec'd

Supervision verified

NCE Verified

Comments: