

REQUESTING EXTENSION OF LAPC LICENSURE:

The procedure to request an extension of the LAPC licensure is governed by state law, which is as follows:

NDCC 43-47-06(6) provides that:

An associate professional counselor initially licensed under this chapter may be licensed for no more than two years. The associate professional counselor's license may be extended beyond two years only upon recommendation of the associate professional counselor's supervisor and verification of hours to date.

The LAPC must submit a request to the board to extend the LAPC, and give a brief reason for the extension and why the original plan of supervision was not completed. The request must include the number of individual and group supervision hours to date, and client contact hours to date. It must also include a proposed schedule to finish the required supervision and client contact hours.

The board will consider the request for extension and assign a time frame for the extension.

Cost to extend the LAPC license is \$100.00.

ND Administrative Rules 97-02-01-03.1 effective July 1, 2018

Summary:

Submit verification from supervisor of hours to date. (form attached)

Submit request for extension and proposed time needed to finish requirements.

If changing supervisors, use Plan of Supervision (form attached)

**SUPERVISION REPORT FORM
LICENSED ASSOCIATE PROFESSIONAL COUNSELOR**

Supervisee's Name: _____
Supervisee' Address: _____
Agency or Office: _____
Job Title: _____

This form records the supervision received by the above named Licensed Associate Professional Counselor (LAPC) to date. The information is summarized in the space below. As supervisor or former supervisor, you are asked to verify the accuracy of this information.

Along with verifying supervision activity to date, please use the comment space below to recommend the LAPC extension.

Summary of Supervision

Number of Hours of Individual Supervision: _____
Number of Hours of Group Supervision: _____
Total Number of Hours of Supervision: _____
Total Number of Client Contact Hours to date: _____

Comments:

Supervisor's Signature: _____

Print or Type Name: _____

Job Title: _____

Professional Credentials: _____

Date Signed: _____

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) _____

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. 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) _____