

Application to Change the Degree Upon Which Licensed Professional Clinical Counselor (LPCC) Licensure is Based

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INSTRUCTIONS

1. This application form is intended for Licensed Professional Clinical Counselors (LPCCs) in Minnesota who completed a degree program after their license was initially issued and would like the Board to change the degree upon which their licensure is based. This application must be filled out completely. Incomplete applications will be returned to you, delaying processing of your application.
2. This application must be accompanied by the \$150 **non-refundable** application fee (Minn. Stat. sec. 148B.53, subs. 3(5)). Please make your check or money order payable to the Minnesota Board of Behavioral Health and Therapy (or BBHT).
3. All applicants must complete and submit the following to the Board office:
 - Application, completed, signed, notarized
 - Application processing fee in the amount of \$150; Pursuant to Minnesota Statutes section 604.113, there will be a \$30 service charge on all checks not honored by your bank.
 - Syllabi and/or course descriptions for all courses listed in section D, the “Clinical Coursework Sheet,” of this application.
4. Official graduate transcripts listing any coursework or degrees completed since your LPCC was issued must be sent directly to the BBHT office from the institution. All courses must be from an accredited school (CHEA or CACREP-recognized) and must be passed for credit. Transcripts do not need to be re-submitted if there are no changes or additions since your initial application.

Printed/typed name of Applicant: _____

5. **Minnesota Government Data Practice Act Notice.** Pursuant to Minnesota Statutes, Section 270C.72, subdivisions 1 and 4, the Board is required to ask all applicants to provide their social security number and Minnesota business identification number on all license applications. Failure to supply this information may jeopardize or delay the processing of your application. Upon request of the Commissioner of Revenue, the Board must provide to the Commissioner a list of all regulated individuals and applicants, including their names and addresses, social security numbers, and business identification numbers. Under the Minnesota Government Data Practices Act, you are advised of the following regarding the use of this information:
- a. This information may be used to deny the issuance or renewal of your license in the event you owe the Minnesota Department of Revenue delinquent taxes in the amount of \$500.00 or more.
 - b. Upon receiving this information, the Board will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

MINNESOTA BOARD OF BEHAVIORAL HEALTH and THERAPY

Application Fee: **\$150.00 (Non-refundable)**

SECTION A – PERSONAL INFORMATION	
RIGHTS OF SUBJECTS OF DATA	
<p>Pursuant to Minn. Stat. sec. 13.41, subd. 2, information you provide in this application, except for your name and address, is classified as private while you remain an applicant. Private data is accessible only to you, the staff and members of the Board, the Board's legal counsel, and persons you designate. When you become licensed, the information in your file related to your licensure is classified as public under Minn. Stat. sec. 13.41, subs. 2 and 5. If the application is denied this information may also become public under Minn. Stat. sec. 13.41, subs. 2 and 5.</p> <p>The purpose and intended use of this information is to enable the Board to determine whether you meet statutory requirements for licensure. You are not legally obligated to provide this information, but you cannot be licensed without doing so.</p>	

Please type or print the following information: (**All** boxes must be answered or marked as "not applicable.")

1. Last Name (legal)	2. First Name (legal)	3. Full Middle Name (legal)	4. Suffix (e.g., JR, SR, etc.)
5. Maiden Name, Surname, or Any Other Names or Aliases by Which You Have Been Known			
6. LPCC License Number	7. Initial LPCC Licensure Date	8. Date of Birth MM / DD / YYYY	9. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
10. Social Security Number: _____ - _____ - _____		11. Minnesota Business I.D. number (if applicable):	

Board Office use only		
<i>Payment Info:</i>		
Check # _____	Amount \$: _____	Staff Initials: _____
Deposit # _____	Date: _____	

Section A – Personal Information Continued...

12. Home Address (street address, city, state, zip code and country. <u>No P.O. Boxes</u>)	13. County (Home)
14. Business Name & Address (street address, city, state, zip code and country. <u>No P.O. Boxes</u>) <input type="checkbox"/> Unemployed	15. County (Business)
16. Contact Information: Telephone Numbers (_____) _____ (_____) _____ (_____) _____ Business Home Cell (optional): <input type="checkbox"/> Personal / <input type="checkbox"/> Business	
17. <u>E-mail Address</u> (optional) Please provide your email address if you wish to permit the Board to correspond with you by email regarding the status of your application. <input type="checkbox"/> Personal: _____ <input type="checkbox"/> Business: _____	
18. Fax Number (optional) <input type="checkbox"/> Personal: _____ <input type="checkbox"/> Business: _____	
19. Designated address the Board should use for release to the public (check <u>one</u>): <input type="checkbox"/> Home <input type="checkbox"/> Business 20. Designated phone number the Board should use for release to the public (check <u>one</u>): <input type="checkbox"/> Home <input type="checkbox"/> Business 21. Designated address for official Board mailings (check <u>one</u>): <input type="checkbox"/> Home <input type="checkbox"/> Business	

Pursuant to Minn. Stat. 13.41, subd. 2(b), a person who is subject to a health-related licensing board must designate to the board a residence or business address and telephone number at which the licensee can be contacted in connection with the license. These data are to be maintained in the board's records as public data. Therefore, the address and telephone number which you designate above is the address and telephone number the board will release in response to public inquiries, and is the address and telephone number the board will use for all contacts with you regarding your license, including renewal information. If you change your address and/or telephone number prior to your next renewal, it is your duty to notify the board within 30 days of any change. Your notification must be made in writing and submitted on the board's change of address form available on the board's website.

SECTION B - NOTARIZATION

All licensees must complete this section.

STATE OF: _____
 COUNTY OF: _____

I hereby swear that the statements made in this entire application are true and correct to the best of my knowledge and belief, and that I have answered all questions on the application fully, completely, and without omission.

Applicant's Signature

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

(Notary Stamp)

Notary Public Signature

My Commission expires the _____ day of _____, 20_____.

SECTION C - EDUCATION

Any graduate degree you would like to use as the basis for licensure must be from a counseling program recognized by the Council for Accreditation of Counseling and Related Education Programs (CACREP) **or** from an institution that is accredited by a regional accrediting organization recognized by the Council for Higher Education Accreditation (CHEA). If your degree is from a foreign institution that does not meet the accreditation requirements, you may have your degree evaluated by a credentials evaluation service that is accepted by the National Board for Certified Counselors (NBCC). The evaluation shall be done at your expense and the evaluation must be sent directly to the board from the evaluating agency. (See Minnesota Statutes section 148B.532.)

Please check one. Please verify with your school program if you are not sure about accreditation:

- The educational program I am applying under was CACREP accredited when I graduated (www.CACREP.org)
- The educational institution I am applying under was accredited by an accrediting agency recognized by CHEA when I graduated (www.CHEA.org)
- I graduated from a foreign institution. A credentials evaluation will be sent to the Board from an appropriate credentials evaluation service recognized by the National Board for Certified Counselors, Inc. (NBCC)

A. New graduate program under consideration (Official transcripts must be submitted to BBHT directly from your school.) You will be required to use <i>this degree</i> for professional purposes upon approval.	
College or University Name:	
School Location (City & State, or Country):	
Dates Attended (M/D/Y):	<i>From:</i> _____ <i>To (conferral date):</i> _____
Degree Earned:	<input type="checkbox"/> MS <input type="checkbox"/> MA <input type="checkbox"/> MEd <input type="checkbox"/> MSEd <input type="checkbox"/> MAEd <input type="checkbox"/> MC <input type="checkbox"/> PhD <input type="checkbox"/> PsyD <input type="checkbox"/> EdD <input type="checkbox"/> Other _____
Major / Concentration:	
Credits Earned:	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <i>Total credits earned in program:</i> _____
Transcript Has Been Requested from School: <input type="checkbox"/> YES <input type="checkbox"/> NO	

B. Other graduate coursework completed for licensure purposes. (Official transcripts must be submitted to BBHT directly from your school.) Additional classes can be completed pre- or post-degree.						
INSTITUTION NAME & LOCATION	COURSES	DATES ATTENDED		Indicate degree or No Credential	Major / Focus Area	Credits
		FROM (Mo/Year)	TO (Mo/Year)			
						<input type="checkbox"/> Sem <input type="checkbox"/> Qtr <i>Total:</i>
						<input type="checkbox"/> Sem <input type="checkbox"/> Qtr <i>Total:</i>

WAIVER

I, _____, hereby authorize any and all colleges, post-secondary educational institutions, police departments, courts or other entities maintaining records on me, to provide said records to the Minnesota Board of Behavioral Health and Therapy upon their request. I hereby absolve said colleges, post-secondary educational institutions, police departments, or other entities of any and all liabilities for providing said records pursuant to this request.

Signature of Applicant

Date

SECTION D – CLINICAL COURSEWORK SHEET

Instructions:

1. Applicants are required to have a total of 24 semester credits in clinical counseling subjects, or the equivalent in quarter credits (i.e. 36 quarter credits). All applicable graduate work must be completed and passed for credit.
2. You must submit course syllabi with your application; the burden of proof is upon the applicant to prove that coursework is clinical in nature.
3. You may list each course only once in column A of the chart below. Please list all clinical subjects contained in the course in column F.
4. You must demonstrate that you have completed coursework in each of the six clinical subjects listed below. Please indicate the clinical subject(s) included in each course in column F of the chart, below (you can simply write in the subject numbers). Required subjects are listed here:

- Subject 1: Diagnostic assessment for child and adult mental disorders; normative development; and psychopathology, including developmental psychopathology;
- Subject 2: Clinical treatment planning, with measurable goals;
- Subject 3: Clinical intervention methods informed by research evidence and community standards of practice;
- Subject 4: Evaluation methodologies regarding the effectiveness of interventions;
- Subject 5: Professional ethics applied to clinical practice;
- Subject 6: Cultural diversity.

Please note that while you are required to document training in each of the six areas listed above you are not limited to these clinical subjects. You may list *any* graduate coursework that you believe is clinical in nature in order to have it be considered towards the 24 required semester credits. If a course was clinical in nature but did not include one of the required clinical subjects it may still count towards the requirement of 24 total credits, but you must state the clinical subject matter that was covered in Column F.

5. A majority of the 24 clinical credits must come from within the new degree program in order for it to be considered the basis for licensure. However, clinical courses from the previous degree may still apply towards the requirement of 24 total clinical credits.

A	B	C	D	F	G
Course Number:	Course Number & Title, School:	Credit Hour (Circle Unit):	Credits Earned in Course:	Clinical Subjects that were Covered in Course (list all that apply):	Board use only
		S / Q			
		S / Q			

Section D - Clinical Coursework Sheet, Continued...

A	B	C	D	F	G
Course Number:	Course Number & Title, School:	Credit Hour (Circle Unit):	Credits Earned in Course:	Clinical Subjects that were Covered in Course (list all that apply):	Board use only
		S / Q			
		S / Q			
		S / Q			
		S / Q			
		S / Q			
		S / Q			
Total Clinical Credits (24 semester credits or 36 quarter clinical credits are required) =					