

Minnesota Board of Behavioral Health and Therapy – LPCC Application: Conversion Method
Section F. Resume of Professional Counseling Experience
Make copies of this page as needed

This form must be completed by all applicants. Your own resume will not replace this form; however, you may submit it in addition to this form. List chronologically beginning with the most recent:

Date beginning:	Date ending:
Organization Name:	
Complete address:	
Name & title of immediate supervisor:	
Phone number:	(###-###-####):
Description of duties (related to professional counseling):	

Date beginning:	Date ending:
Organization Name:	
Complete address:	
Name & title of immediate supervisor:	
Phone number:	(###-###-####):
Description of duties (related to professional counseling):	

Date beginning:	Date ending:
Organization Name:	
Complete address:	
Name & title of immediate supervisor:	
Phone number:	(###-###-####):
Description of duties (related to professional counseling):	