

**Licensed Professional Counselor (LPC) Application**  
**Minnesota Board of Behavioral Health and Therapy (BBHT)**

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## **INSTRUCTIONS – Licensed Professional Counselor (LPC) Application**

1. This application form must be completed by all applicants for licensure as a Licensed Professional Counselor in the State of Minnesota. 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 and the \$250 **non-refundable** initial licensure fee (Minn. Stat. sec. 148B.53, subs. 3(1) and (2)). These fees can be combined into one payment of \$400. Please make your check or money order payable to the Minnesota Board of Behavioral Health and Therapy (or BBHT).
3. Licensed Professional Counselors are governed by Minn. Stats. secs. 148B.50 to 148B.593 and Minnesota Rules Ch. 2150. All applicants and licensees of the Board are responsible for familiarizing themselves with these laws. You may visit the Board's website at [www.bbht.state.mn.us](http://www.bbht.state.mn.us) to access the Board's most current statutes and rules.
4. Unless you are currently a Licensed Psychologist (LP), or eligible for licensure by reciprocity, you are required to take and pass the National Counseling Examination (NCE) administered by the National Board for Certified Counselors (NBCC) or an alternate national examination, determined by the board to be equivalent, to be eligible for licensure. Your examination results must be sent directly to the Board of Behavioral Health and Therapy (BBHT) from the NBCC or alternate testing agency.
5. If you are currently licensed in Minnesota as a **Psychologist** (LP) pursuant to Minn. Stat. sec.148.907, you are not required to meet the specific educational requirements in 148B.53, subd. 1, nor are you required to fill out the Supervision Plan form (Section G) or the Verification of Past Supervised Professional Practice form (Section H). However, you need to provide true and correct copies of supervision verification submitted to the Minnesota Board of Psychology pursuant to Minn. Rules part 7200.0600.
6. If you are currently a Professional Counselor licensed in another state or jurisdiction, you may be eligible for **licensure by reciprocity** pursuant to Minn. Stat. sec. 148B.56, if the Board determines that the licensing requirements for your license are substantially similar to those in Minnesota. You are encouraged to visit the Board's webpage regarding LPC Reciprocity before submitting an application, to determine whether the state from which you obtained your license already has been reviewed and approved for reciprocity. Additionally, if the current licensure laws for the license upon which reciprocity is based require 2000 hours or more of professional supervised practice to be completed before the license can be issued, forms in this application related to post-degree professional supervision (Sections G and H) need not be filled out.
7. Unless you are currently a Licensed Psychologist (LP), or eligible for licensure by reciprocity, you are required to provide documentation of 700 hours of supervised field experience as part of your degree program. Qualifying field experience hours may include practicum, internship, residency, or any other field experience which counted towards your degree program and for which you received counseling supervision. Documentation must be verified on your transcript or contained in an official letter written by the current program director or practicum coordinator at your school. This letter must be sent directly to the BBHT office from the appropriate person(s).
8. Pursuant to Minn. Stat. sec. 148B.53, subd. 1(a)(4), **all** Licensed Professional Counselors are required to (a) receive supervision for their first 2000 hours of professional practice, or (b) provide evidence, satisfactory to the Board, of having already completed 2000 hours of post-degree, supervised professional practice, except as noted in item 7 above. Please carefully read all directions in sections G and H and in items 5, 6, and 7 above to determine what information you should submit regarding your professional supervision.
9. **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.

10. **Except where noted, all applicants must complete and submit the following:**

- License Application, completed, signed, notarized (**All** sections must be submitted, except pages 1-3. **All** pages and/or questions that do not apply to you must be marked “NA”)
- 2” X 2” photo of applicant taken within 6 months of application
- Application processing fee and initial licensing fee totaling \$400.00 made payable to BBHT (**non-refundable**). Pursuant to Minnesota Statutes section 604.113, there will be a \$30 service charge on all checks not honored by your bank.
- Application sections A, B, C, D, I, J, and K must be filled out by all applicants. Applicants should carefully read all directions to determine if they are required to complete other sections (E, F, G, and H).

11. **The following items must be sent directly to the BBHT office from the issuing authority/institution:**

**ALL Applicants:**

- All **Graduate** Degree Transcripts that list graduate-level counseling coursework.
- License Verification(s) sent directly to the BBHT (from the issuing Board) for each license listed on page 20.

**Applicants via Licensure by Examination only:**

- Official letter(s) confirming the completion of at least 700-hours of supervised, graduate-level, practicum and/or internship field experience. (If actual clock hours are not documented on transcript).
- Official passing test results for the National Counselor Examination (NCE) or other *national* examination accepted by the Board (see page 21).

**Applicants via Licensure by Examination and, in some cases, by Reciprocity:**

- Supervisor Application. If any part of the supervised professional practice occurred on or after July 5, 2005: If your supervisor is not currently an “Approved Supervisor” of the Board, your proposed supervisor(s) must complete the Supervisor Application form, \$30 application fee and requested attachments. Further, the supervisor must meet the requirements for the Approved Supervisor designation in Minnesota Statutes sec. 148B.50, subd. 2 and Minnesota Rule 2150.5010, subp. 3. (Exceptions noted in item 7 above.)
- Supervisor Credential Verification form. If all supervised professional practice occurred on or before July 4, 2005: Your supervisor must complete the Supervisor Credential Verification form (or the Supervisor Application, if desired) and submit it with all requested attachments. (Exceptions noted in item 7 above.)
- Supervisor License Verification. As part of your supervisor’s application or credential verification file, an official License Verification must be sent directly to the BBHT from your supervisor’s licensing board.

Who Completes:

All Applicants

Printed/typed name of Applicant: \_\_\_\_\_

**MINNESOTA BOARD OF BEHAVIORAL HEALTH AND THERAPY  
APPLICATION FOR PROFESSIONAL COUNSELOR LICENSURE**

APPLICATION, INITIAL LICENSURE and OET License Surcharge Fees:  
**\$400.00 (Non-refundable)**

**Section A. Personal Information**

**ALL APPLICANTS MUST INDICATE THE STATUTORY PROVISION UNDER WHICH THEY ARE SEEKING LICENSURE (Applicants are responsible for reading the statutory provisions for licensure before making a selection):**

**148B.53: Licensure by General Licensure Requirements (“Licensure by Examination”)**

**148B.53, subd. 1(c) or 1(d): (Please check one) LPP or LP Transition:**

LPP

LP

**148B.56: Licensure by reciprocity: List State, License:** \_\_\_\_\_

**RIGHTS OF SUBJECTS OF DATA**

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, subds. 2 and 5. If the application is denied this information may also become public under Minn. Stat. sec.13.41, subds. 2 and 5.

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.

**MANDATORY PHOTOGRAPH REQUIREMENT**

Each applicant must tape a 2" X 2" photograph of themselves to their application. Photographs may be in black and white or color, must include a full-face view from the shoulders up, and must contain no images of other persons. Photographs must have been taken within six months of the date in which this application is submitted. Polaroid photographs or photographs which have been retouched or digitally altered are not acceptable. Digital photographs must be printed on photo-quality paper.

**Securely Tape  
2”x 2”  
Photograph  
Here**

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. Place of Birth (List city, state, county and country)		7. Date of Birth MM / DD / YYYY	8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
9. Social Security Number: _____ - _____ - _____		10. Minnesota Business I.D. number (if applicable):	

Printed/typed name of Applicant: \_\_\_\_\_

Section A. Personal Information form, continued...

11. Home Address (street address, city, state, zip code and country. <u>No P.O. Boxes</u> )	12. County (Home)
13. State(s) of Residency (list all):	
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 list your email address if you wish to permit the board office 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. Any Other Contact Information (optional)	
20. 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.  Designated address the Board should use for release to the public (check <u>one</u> ): <input type="checkbox"/> Home <input type="checkbox"/> Business Designated phone number the Board should use for release to the public (check <u>one</u> ): <input type="checkbox"/> Home <input type="checkbox"/> Business Designated address for official Board mailings (check <u>one</u> ): <input type="checkbox"/> Home <input type="checkbox"/> Business	

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

**Minnesota Board of Behavioral Health and Therapy – LPC Application**

**Section B. Background Information**

- Please answer each of the following questions by putting a check (✓) in the appropriate box on the right.
- You must answer each question with a “Yes” or “No” or “Not Applicable” (“N/A”) if this option is provided. No other response is acceptable. Answers left blank will result in your application being returned for completion.
- All “Yes” answers MUST be explained in detail in a separate SIGNED statement that is written in your own words.
- Applicants should be aware that answering “Yes” to some questions might necessitate special screening procedures by the Board.
- Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

	QUESTION	POSSIBLE ANSWERS
1.	Have you ever had any application for any professional license denied by any licensing authority?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2.	Have you ever been denied the privilege of taking an examination required for any professional license?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3.	Have you ever been dropped, suspended, placed on probation, expelled, or requested to resign from any post secondary educational program in which you were enrolled for reasons, in whole or in part, unrelated to grades?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4.	Have you ever been placed on probation, restrictions, suspension, revocation, modification, allowed to resign, requested to leave temporarily or permanently, or otherwise acted against by any professional training program, prior to completing the training for reasons, in whole or in part, unrelated to grades?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.	Have you ever violated or been formally charged with a violation of the honor code of any educational facility?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6.	Have you ever voluntarily surrendered any professional license or registration, allowed it to lapse, or had a limited license issued by any professional licensing authority?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7.	Have you ever had a professional license or registration revoked, or have you ever been the subject of disciplinary action, or non-disciplinary corrective action; or have you been sanctioned by any licensing authority including, but not limited to, the authority’s refusal to grant you a license, or the authority’s action to revoke, suspend, condition, limit, restrict or qualify the professional license or registration in any way?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8.	To your knowledge have any complaints ever been filed against you with any professional licensing or regulatory agency?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9.	Have you ever been charged with a crime? You must report all charges that were expunged or otherwise removed from your record by executive pardon. Please list <u>ALL</u> criminal charges.	YES <input type="checkbox"/> NO <input type="checkbox"/>
10.	Have you ever been charged with Driving While Intoxicated (DWI) or Driving Under the Influence (DUI)? Have you ever been charged with any other impaired driving offenses involving the use of alcohol or other chemical substances?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11.	Have you ever been named as a defendant to a <i>criminal</i> suit related to your profession?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Section B. Background Information form, continued...

12.	Have you ever been named as a defendant to a <i>civil</i> suit related to your profession?	YES <input type="checkbox"/> NO <input type="checkbox"/>
13.	Do you have any physical or mental health condition which in any way may impair or limit your ability to practice professional counseling with reasonable skill and safety?	YES <input type="checkbox"/> NO <input type="checkbox"/>
14.	If you answered yes to question number 13 above, are the limitations or impairments caused by your ongoing physical or mental health condition reduced or ameliorated because you receive ongoing treatment (with or without medications)?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
15.	If you answered yes to question number 13 above, are the limitations or impairments caused by your ongoing physical or mental health condition reduced or ameliorated because of the field of practice, setting, or manner in which you have chosen to practice?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
16.	Do you participate in any professional program designed to monitor or assist you in the management of a chemical dependency, physical, psychological or emotional impairment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
17.	Within the last 10 years have you suffered from, been diagnosed with, or been treated for bipolar disorder, schizophrenia, delusional disorder (paranoia), or any other psychotic disorder?	YES <input type="checkbox"/> NO <input type="checkbox"/>
18.	Within the last 10 years have you suffered from, been diagnosed with, or been treated for any physical condition (e.g., stroke, head injury, dementia, brain tumor, heart disease) that has resulted in significant memory loss, significant loss of consciousness, or significant confusion?	YES <input type="checkbox"/> NO <input type="checkbox"/>
19.	Are you now or have you in the last 5 years been addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
20.	Are you now being treated or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program?	YES <input type="checkbox"/> NO <input type="checkbox"/>
21.	Within the past 5 years, have you ever raised the issue of consumption of drugs or alcohol or the issue of mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination or suspension by an educational institution, employer, government agency, professional organization, or licensing authority?	YES <input type="checkbox"/> NO <input type="checkbox"/>
22.	Do you currently have any other condition or impairment, not reported in any question in this application, which in any way affects, or if left untreated might affect, your ability to practice professional counseling with reasonable skill and safety to clients?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Who Completes:  
 All applicants

Printed/typed name of Applicant: \_\_\_\_\_

## Minnesota Board of Behavioral Health and Therapy – LPC Application

### Section C. Affidavit

By completing this application I hereby request that the Minnesota Board of Behavioral Health and Therapy (Board) approve my application for licensure as a professional counselor and consider the information provided herein as evidence of qualification for Minnesota licensure.

I agree that while my application is pending, should any situation arise that might contradict or alter any of the answers to the questions, listed requirements or affirmations contained in this application, I will, **within ten working** days of such knowledge, **notify** the Board of that change.

I agree that I will cooperate with any necessary investigation or inquiry initiated by the Board, prior to licensure, according to Minn. Stat. §148B.5915.

I understand that should this application for licensure be denied, I am entitled to request a contested case hearing within 30 days of receipt of the notice of denial. Should I choose not to appeal the denial I understand that I may not reapply earlier than one year from the date of the denial.

Further, I, the undersigned, being duly sworn, state upon oath that the answers given in this application are true and correct, and agree, if issued a license, to abide by the laws of the State of Minnesota concerning the practice of licensed professional counseling.

I affirm that I:

- (1) am not the subject of any current complaints or investigations in Minnesota or in any other state or jurisdiction in which I hold/have held a license to practice or that if I have been the subject of complaints or investigations in another state or jurisdiction. I have provided all details regarding such complaint(s) or investigations to the Minnesota Board of Behavioral Health and Therapy. I understand that existence of such complaints or disciplinary matters may increase the time it takes to approve this application.
- (2) have attached a copy of any order for discipline that precedes this application.

Additionally, by completing and signing this form, I further acknowledge that I have read and understand all information, notices, and requirements contained in it; including the warning regarding RIGHTS OF SUBJECTS OF DATA; the information contained in the WAIVER, and the information contained in the AFFIDAVIT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me:

This \_\_\_\_ day of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
Signature of Notary

Who Completes:  
 All applicants

Printed/typed name of Applicant: \_\_\_\_\_

## Minnesota Board of Behavioral Health and Therapy – LPC Application

### Section D. Education

A. Graduate program under which you are applying (Official transcripts must be submitted to BBHT directly from your school.) You will be required to use only this degree for professional purposes upon licensure.	
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"/> 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. Graduate coursework completed pre- or post-degree for licensure purposes. (Official transcripts must be submitted to BBHT directly from your school.) These classes can be considered for licensure pursuant to Minnesota Statutes section 148B.531.	
College or University Name:	
School Location (City & State, or Country):	
Dates Attended (M/D/Y):	<i>From:</i> _____ <i>To:</i> _____
Degree Earned:	<input type="checkbox"/> NA <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"/> Other _____
Major / Concentration:	
Credits Earned:	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <i>Total credits earned:</i> _____
Transcript Has Been Requested from School: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Comments/Notes:	

C. Other Graduate Education (Official transcripts must be submitted to BBHT directly from your school.) that you would like the Board to consider.						
COLLEGE OR UNIVERSITY NAME	SCHOOL LOCATION (City and State or Country)	DATES ATTENDED		Degree / Certificate / 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**

Who Completes:  
 Applicants via  
 Licensure by  
 Examination

**Minnesota Board of Behavioral Health and Therapy – LPC Application  
 Section E. Academic Summary Sheet**

**NOTE:** ALL applicants are required to have official graduate transcript(s) sent directly to the Board office from the educational institution(s), regardless of application method.

**Instructions**

*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](http://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).

1. All applicants must list at least one course for each content area. A single course may be utilized for more than one content area. The courses listed must be those taken and passed for graduate credit and must be completed as part of the master’s or doctoral degree in counseling required by Minn. Stat. sec. 148B.53, subd. 1(a)(3), or completed at the graduate level pre- or post-degree pursuant to Minn. Stat. sec. 148B.531. Audited courses, or courses otherwise not taken for credit may not be counted.
2. All coursework must appear on your transcript(s). Transcripts must be sent directly to the Board office from all educational institutions in which you completed graduate coursework used towards your degree or in which you completed graduate coursework outside your degree program that you would like considered for licensure purposes. An application is not complete until all transcripts are received.
3. **If a course title is not clearly indicative of content areas as set forth in Minn. Stat. sec. 148B.53, subd. 1(b), attach the syllabus or course catalog description indicating that specific material was included.**

Content areas	Course Number	Title	College/University
1. The helping relationship, including counseling theory and practice			
2. Human growth and development			
3. Lifestyle and career development			

Section E. Academic Summary Sheet form, continued...

Content areas	Course Number	Title	College/University
4. Group dynamics, processes, counseling and consulting			
5. Assessment and appraisal			
6. Social and cultural foundations, including multicultural issues			
7. Principles of etiology, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior			
8. Family counseling and therapy			
9. Research and evaluation			
10. Professional counseling orientation and ethics			

## REQUIRED COURSEWORK GUIDE

**PLEASE NOTE: THESE DESCRIPTIONS OF REQUIRED COURSE WORK ARE GUIDELINES ONLY TO ASSIST APPLICANTS IN DETERMINING WHICH COURSES MAY FALL WITHIN A REQUIRED CONTENT AREA. THEY ARE NOT INTENDED TO BE A DEFINITIVE LIST OF THE SUBJECTS WHICH MAY BE USED TO MEET A PARTICULAR CONTENT AREA. HOWEVER, APPLICANTS MUST BE ABLE TO SUPPORT LISTING A PARTICULAR COURSE AS MEETING A REQUIRED CONTENT AREA. YOU MAY DO SO BY SUBMITTING A COPY OF THE COURSE DESCRIPTION FROM THE COURSE CATALOG, SUBMITTING A COPY OF THE COURSE SYLLABUS, OR HAVING THE COURSE INSTRUCTOR SEND A LETTER DIRECTLY TO THE BOARD OFFICE INDICATING THAT A PARTICULAR COURSE FALLS WITHIN A REQUIRED CONTENT AREA.**

**1. The Helping Relationship, Including Counseling Theory and Practice.** Includes studies that provide an understanding of counseling and consultation processes, including both individual and systems perspectives. This includes basic interviewing, assessment, and counseling skills; characteristics and behaviors that influence helping processes, including verbal, nonverbal, and personal client or consultee; and ethical considerations.

**2. Human Growth and Development.** Includes studies that provide an understanding of the nature and needs of individuals at all developmental levels. This includes, but is not limited to, theories of individual and family development across the lifespan, theories of learning and personality development; understanding of developmental crises, disability, addictive behavior, psychopathology, and environmental factors as they affect normal and abnormal behaviors; and ethical considerations.

**3. Lifestyle Development and Career Development.** Includes studies that provide an understanding of career development and related life factors. This includes, but is not limited to, career development theories and decision-making models; career, vocational, educational, and labor market information resources, computer-based career information systems; career development program planning, organization, implementation, administration, and evaluation; interrelationships among work, family, and other life roles and factors including multicultural and gender issues as related to career development; assessment instruments and techniques relevant to career planning; and ethical considerations. Please note, this subject is not intended to be exploration of the applicant's career planning. It is intended to be training in career counseling.

**4. Group Dynamics, Processes, Counseling and Consulting.** Includes studies that provide an understanding of group development, dynamics, and counseling theories; group counseling methods and skills; and other group work approaches. This includes, but is not limited to, principles of group dynamics; group leadership styles and approaches including development stage theories and group members' roles and behaviors; theories and methods of group counseling including commonalities and distinguishing characteristics; approaches used for specific types of group work, including task groups, prevention groups, support groups, and therapy groups; and ethical considerations.

**5. Assessment and Appraisal.** Includes studies that provide an understanding of individual and group approaches to assessment and evaluation. This includes, but is not limited to, theoretical and historical bases for assessment techniques; assessing validity and reliability; appraisal methods including environmental and performance assessment, individual and group test inventory methods, behavioral observations, and computer-assisted assessments; psychometric statistics; strategies for selecting, administering, interpreting, and using assessment and evaluation instruments and techniques in counseling; and ethical consideration in appraisal.

Section E. Required Coursework Guide, continued...

**6. Social and Cultural Foundations Including Multicultural Issues.** Includes studies that provide an understanding of issues and trends in a multicultural and diverse society. This includes, but is not limited to, multicultural and pluralistic trends of diverse groups; attitudes and behavior based on such factors as age, race, religious preference, gender, socioeconomic status, and intellectual ability; and individual, family, and group strategies with diverse populations.

**7. Principles of Etiology, Treatment Planning, and Prevention of Mental and Emotional Disorders and Dysfunctional Behavior.** Includes general principles of psychopathology and maladaptive behavior; specific models and methods of assessing mental status; identification of abnormal, deviant or psychopathological behavior; etiology dynamics and treatment of abnormal behavior; and general principles and practices for promotion of optimal mental health.

**8. Family Counseling and Therapy.** Includes family systems theory and its application, preventive approaches for working with families, and specific problems that impede family function. This includes, but is not limited to, introduction to family therapy, societal trends and related treatment issues, family systems theory, family dynamics.

**9. Research and Evaluation.** Includes studies that provide an understanding of types of research methods, basic statistics, and ethical/legal consideration in research. This includes, but is not limited to, basic types of research methods to include qualitative and quantitative research designs; basic parametric and nonparametric statistics; principles, practices, and applications of needs assessment and program evaluation; uses of computers for data management and analysis; and ethical and legal considerations in research.

**10. Professional Counseling Orientation and Ethics.** Includes studies that provide an understanding of all aspects of professional functioning; including history, roles, organizational structures, ethics, standards, and credentialing. This includes, but is not limited to, history of the helping professional; professional roles and functions; professional organizations, primarily the American Counseling Association (ACA), its divisions, branches, and affiliates; Ethical Standards of the ACA and related entities, ethical and legal issues and their applications to various professional activities; professional preparation standards; professional credentialing; and public policy including the role of the professional counselor in advocating on behalf of the profession and its clientele.

Who Completes:

Printed/typed name of Applicant: \_\_\_\_\_

- Applicants via Licensure by Examination

### Minnesota Board of Behavioral Health and Therapy – LPC Application

#### Section F. Supervised Field Experience

Directions:

1. Pursuant to Minn. Stat. sec. 148B.53, subd. 1, to be eligible for licensure, applicants must complete 700 hours of supervised field experience as part of their graduate degree program. This may include practicum, internship, residency, practical or clinical training. However, Minn. Stat. sec. 148B.531 allows applicants to complete the educational field experience requirement post-degree if (1) field experiences are completed through an institution of higher education that is accredited by a regional accrediting organization recognized by the Council for Higher Education Accreditation (CHEA) or through a counseling program recognized by the Council for Accreditation of Counseling and Related Education Programs (CACREP); and (2) the field experience is taken and passed for credit.
2. Below, list each location at which you received supervised practice experience for your education.
3. If your official transcript does not reflect your completion of 700 clock hours of supervised field experience, you will need to request other official verification. This may be accomplished by having the current program director or practicum coordinator from your school submit an official letter directly to the Board office. The letter must verify your completion of at least 700 hours of supervised practicum, internship, residency, and/or practical or clinical training.

(Attach additional page(s) if necessary)

COLLEGE or UNIVERSITY NAME	NAME OF SITE SUPERVISOR & FIELD EXPERIENCE LOCATION (Name, City, State)	DATES OF FIELD EXPERIENCE		Total Clock Hours Earned
		FROM (Month/Year)	TO (Month/Year)	

Who Completes:

Read directions on pages 2, 3, 15, and 17 to determine if you should complete this section.

Printed/typed name of Applicant: \_\_\_\_\_

## Minnesota Board of Behavioral Health and Therapy – LPC Application

### Section G. Supervision Plan

#### Instructions:

- Supervision occurring on and after the effective date of the Board’s supervision rules, July 5, 2005, must comply with this plan. This form should be used only for supervision that you have yet to do, and must be approved by the Board.
- Use this form to describe your plan for completing the 2,000 hours of post-degree supervised professional practice required by Minn. Stat. sec. 148B.53, subd. 1(a)(4) and Minn. Rules 2150.5000 to 2150.5010. **Do not use this form if you are seeking to have supervised professional practice you have already completed accepted by the Board. If you wish to have the Board consider supervised practice you already completed, complete section H instead.** However, do use this plan in addition to section H if your past supervised practice totals less than 2,000 hours.
- If your plan includes receiving supervised experience at more than one setting or with more than one supervisor, submit a separate Supervision Plan for each supervisor and/or setting.
- Your supervisor must meet the requirements set forth in Minn. Stat. sec. 148B.50, subd. 2 and Minn. Rule 2150.5010, subd. 3. Unless your proposed supervisor has been previously approved by the Board, your supervisor must complete the Supervisor Application form, available on the Board’s website, and submit with the application fee and all required documentation.

1. Name of Supervisee: \_\_\_\_\_

2. Name of Supervisor: \_\_\_\_\_

3. Name of supervision location (Business): \_\_\_\_\_

4. Address of supervision location: \_\_\_\_\_

5. Date beginning supervision:  Upon Licensure  Other (list actual date): \_\_\_\_\_

6. Supervisor (check one):

is already an approved supervisor with BBHT

is submitting the Supervisor Application form

		<i>List Hours:</i>
7.	Total hours supervisee is scheduled to <b>work</b> (i.e. professional practice) per week:	
8.	Total hours supervisee is scheduled for <b>supervision</b> with this supervisor per week:	
9.	I plan to provide the following supervision to the supervisee (circle one): <b>Individual (1 to 1) / Group / Both</b>	

Licensee Initial ↓	Supervisor Initial ↓	I understand that the supervision must comply with Minnesota Rule 2150.5010, subp. 4, including...
		10. The supervisee must complete 2,000 hours of supervised, professional practice and 100 hours of supervision. This may be distributed between multiple supervisors.

Section G. Supervision Plan form, continued...

Initial... Initial...

		11. The content of supervision must include professional counseling knowledge, skills, values, and ethics with specific application to the practice issues faced by the supervisee.
		12. The content of supervision must include the standards of practice and ethical conduct, with particular emphasis given to the professional counselor's role and appropriate responsibilities, professional boundaries, and power dynamics.
		13. The content of supervision must include the supervisee's permissible scope of practice, as defined by Minnesota Statutes, section 148B.50, subd. 5.
		14. Supervision must be obtained at the rate of 2 hours of supervision per 40 hours of professional practice. Supervision <i>cannot</i> be obtained at a lesser ratio at any time.
		15. Supervision must be evenly distributed over the course of the supervised professional practice
		16a. At least 75 percent of required supervision must be received in person (75 hours or more).
		16b. Up to 25 percent of required supervision may be received via telephone or audio or audiovisual electronic device (25 hours or less)
		17a. At least 50 percent of supervision must be done on an individual basis (one-to-one) (50 hours or more).
		17b. Up to 50 percent may be done in a group setting (50 hours or less).
		18. Supervision must be completed in no fewer than 12 consecutive months and no more than 36 consecutive months.
		19. A new supervision plan must be submitted within 30 days if the supervisor changes or a supervisor is added, if the scope or content of the counseling practice changes substantially, or the supervisee begins a new counseling position.
		20. The supervisee may not practice independently until the supervisor has submitted directly to the board the <i>Verification of Completion of a Supervision Plan</i> form and the supervisee has been notified by the Board in writing that he/she may practice independently.

I, the undersigned, have read and agree to comply with the requirements set forth in Minn. Stat. 148B.53, subd. 1(a)(4) and Minn. Rules 2150.5000 to 2150.5010. I understand that a violation of these requirements can result in a loss of supervision hours and/or disciplinary action against the supervisee.

21. Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

22. Supervisee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Who Completes:

Read directions on pages 2, 3, 15, and 17 to determine if you should complete this section.

Printed/typed name of Applicant: \_\_\_\_\_

### Section H. Verification of Past Supervised Professional Practice

#### Instructions:

1. Your supervisor must complete this form and submit directly to the BBHT. This form should be used only for supervision that is completed.
2. If, upon completion of your graduate degree program, you worked as a professional counselor, either unlicensed, licensed in another jurisdiction, or pursuant to the authority of another mental health license, **and** you received professional supervision while performing this work, you may seek to have these hours applied to the 2,000 hours post-licensure supervised professional practice required by Minn. Stat. sec. 148B.53, subd. 1(a)(4) and Minn. Rules part 2150.5010. For purposes of this requirement, the supervision must have been clinical in nature and not employment related supervision.
3. If you are currently a **Licensed Psychologist** (LP) pursuant to Minn. Stat. sec. 148.907, you are not required to complete this application section. Pursuant to Minn. Rules part 7200.0600 you may instead submit to the Board true and correct copies of notarized supervision verifications submitted to the Board of Psychology in compliance with Minn. Stat. sec. 148.925.
4. If you received supervised experience at more than one setting or with more than one supervisor, a separate form must be submitted for each supervisor and/or setting.
5. You may not practice independently until the Board has notified you that you fulfilled the requirement and that you may do so. The Board will require you to arrange a supervision plan if this supervision is unacceptable.
6. Unless your supervisor has been previously approved by the Board, the supervisor must also complete and submit either (1) a Supervisor Credential Verification form if all of the supervision occurred on or before July 4, 2005 or (2) a Supervisor Application form if any part of the supervision occurred on or after July 5, 2005.

#### Part I. General Information

Name of Supervisee: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Name of supervision location (Business): \_\_\_\_\_

Address of supervision location: \_\_\_\_\_

Date post-degree supervision began (M/D/Y): \_\_\_\_\_ Ended (M/D/Y): \_\_\_\_\_

Average number of hours **worked** between the above dates  per week \_\_\_\_\_ or  per month \_\_\_\_\_

Hours of **supervision** received between the above dates  per week \_\_\_\_\_ or  per month \_\_\_\_\_

I provided the following supervision to the supervisee (circle one): Individual (1-to-1) / Group / Both

6. Supervisor (check one):	
<input type="checkbox"/>	is already an approved supervisor with BBHT
<input type="checkbox"/>	is submitting the Supervisor Application form because all or a portion of the supervision occurred on or after July 5, 2005
<input type="checkbox"/>	is submitting the Supervisor Credential Verification form because <u>all</u> of the supervision occurred prior to July 5, 2005

<b>Part II. Supervision Occurring Prior to July 5, 2005</b> <i>Supervisor, complete Part II for the portion of supervision occurring prior to July 5, 2005, if any.</i>	
7. Hours worked (i.e. professional practice) prior to July 5, 2005	<input type="checkbox"/> per week <input type="checkbox"/> per month:
8. Hours of in-person supervision completed prior to July 5, 2005	<input type="checkbox"/> per week <input type="checkbox"/> per month:
9. Hours of supervision prior to 7-5-2005 (tally of post-degree <b>supervision</b> hours prior to 7/5/2005):	
10. Hours of supervised practice prior to 7-5-05 (tally of post-degree <b>work</b> hours prior to 7/5/2005):	
11. The content of supervision included the supervisee's permissible scope of practice, as defined by Minnesota Statutes, section 148B.50, subd. 5. (Circle one):	YES    NO
12. I certify that the work completed under my supervision was satisfactory (circle one):	YES    NO

<b>Initial</b> 	<b>Part III. Supervision occurring on or After July 5, 2005</b> must have complied with Minnesota Rule 2150.5010, subp. 4, as demonstrated by the following statements. <i>Supervisor, complete Part III for the portion of supervision occurring on or after July 5, 2005, if any. If the supervision did not comply with the requirement, refrain from initialing that statement and explain in writing why you did not initial the statement.</i>
	13. The content of supervision included professional counseling knowledge, skills, values, and ethics with specific application to the practice issues faced by the supervisee.
	14. The content of supervision included the standards of practice and ethical conduct, with particular emphasis given to the professional counselor's role and appropriate responsibilities, professional boundaries, and power dynamics.
	15. The content of supervision included the supervisee's permissible scope of practice, as defined by Minnesota Statutes, section 148B.50, subd. 5.
	16. Supervision was obtained at the rate of 2 hours of supervision per 40 hours of professional practice. At no time was supervision obtained at a lesser ratio.
	17. Supervision was evenly distributed over the course of the supervised professional practice
	18a. 75% to 100% of supervision was received in person.
	18b. 0% to 25% of supervision was received via telephone or audio or audiovisual electronic device.
	19a. 50% to 100% of supervision was done on an individual basis (one-to-one).
	19b. 0% to 50% of supervision was done in a group setting.
	20. (Initial if full 2,000 hours completed under your oversight) Supervision was completed in no fewer than 12 consecutive months and no more than 36 consecutive months.
	21. I certify that the work completed under my supervision was satisfactory.
	22. Total hours of supervised <i>professional practice</i> the supervisee completed on and after July 5, 2005 (list <b>work</b> hours):
23. Total hours of supervision I provided to the supervisee on and after July 5, 2005 (list <b>supervision</b> hours):	

<b>Part IV. Supervisor's signature and certification</b>	
<p>I, the undersigned, have read and agree that the supervision was conducted as described in Parts I, II and III, and that the information contained therein is true and correct to the best of my knowledge.</p>	
24. Supervisor signature: _____	Date: _____

Who Completes:  
 ALL applicants

Printed/typed name of Applicant: \_\_\_\_\_

**Minnesota Board of Behavioral Health and Therapy – LPC Application**  
**Section I. 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:	Hours/week:	Total hours:
Organization Name:			
Complete address:			
Name & title of immediate supervisor:			
Phone number:	(###-###-####):		
Description of duties (related to professional counseling):			

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

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

Who Completes:  
 ALL applicants

**Minnesota Board of Behavioral Health and Therapy – LPC Application**

**Section J. Other Professional Licenses**

Are you now, or have you ever been, licensed or otherwise credentialed to practice professional counseling or any other health profession in any state or jurisdiction (including Minnesota)?

- YES  
 NO

**If “yes”, please have each jurisdiction verify your license(s)/credential(s). Verification of all license(s)/credential(s) must be sent directly from the agency(ies) to the BBHT office. All verifications must be received before you are eligible for licensure. Additionally, please list all below:**

	License Number	License Type	State/Jurisdiction	Initial Licensure Date	Currently Active?
1.					Y N
2.					Y N
3.					Y N
4.					Y N
5.					Y N

**IMPORTANT NOTICE TO APPLICANTS APPLYING VIA RECIPROCITY:**

1. You are only eligible for licensure by reciprocity if you hold a **current, active** license to practice professional counseling, or a similar licensure, from another state or jurisdiction. **You are not eligible unless your license is current, active and in good standing. If your license is inactive, or not in good standing, you must re-activate your license and take whatever steps are required of you by the licensing agency prior to applying to this Board under this provision.**
2. You are encouraged to visit the Board’s webpage regarding LPC reciprocity for information regarding the specific license that you hold. The webpage will indicate if the licensing requirements for your state or jurisdictional license have already been reviewed by the Board and if it is accepted for application by reciprocity in Minnesota.
3. If the specific license that you hold is being considered for reciprocity for the first time, you will be informed after applying if the license type is accepted or rejected for reciprocity. If a determination is made that the licensing requirements are not substantially similar, you may amend your application and seek licensure by examination, pursuant to Minn. Stat. sec. 148B.53, subd. 1 or 148B.555. You will need to submit any information required by this provision which was not previously submitted. You need not re-submit the application fee.
4. If you are or were previously licensed in more than one state or jurisdiction, you will need to have the licensing authority from each state or jurisdiction in which you hold/held a credential send an official license verification document directly to the BBHT office.

Who Completes:  
 ALL applicants

Printed/typed name of Applicant: \_\_\_\_\_

**Minnesota Board of Behavioral Health and Therapy – LPC Application  
Section K. Examination**

Please check one regarding your examination history:

- I have successfully completed the following examination for licensure and my examination results are being mailed directly to the BBHT from the testing agency;**
  - National Counselor Examination (NCE)
  - National Clinical Mental Health Counseling Examination (NCMHCE)
  - Certified Rehabilitation Counselor Examination (CRCE)
  - Examination for the Professional Practice of Psychology (EPPP)
  - Other exam that I have passed and wish to be considered for licensure (please list):  
\_\_\_\_\_
  
- I will be taking the examination for licensure indicated below:**
  - National Counselor Examination (NCE)
  - National Clinical Mental Health Counseling Examination (NCMHCE)
  - Certified Rehabilitation Counselor Examination (CRCE)
  - Examination for the Professional Practice of Psychology (EPPP)  
Please visit [www.nbcc.org](http://www.nbcc.org) for more exam information.
  
- Not Applicable: I am applying under one of the following methods and do not need to supply documentation of my examination history (please check one):**
  - Reciprocity
  - LP Transition