

Who Completes:
☒ ALL applicants

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:
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:	(###-###-####):
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Date beginning:	Date ending:
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