MINNESOTA
BOARD OF BEHAVIORAL
HEALTH AND THERAPY

335 Randolph Avenue, Suite 290
Saint Paul, MN 55102
651-201-2756 | 651-797-1374 (fax)
bbht.board@state.mn.us
https://mn.gov/boards/behavioral-health/

Licensed Professional Clinical Counselor Application (LPCC)
CONVERSION METHOD

INSTRUCTIONS – LPCC Application: Conversion Method

1. This application form is intended for an applicant for licensure as a Licensed Professional Clinical Counselor (LPCC) in the State of Minnesota that has an active and current Minnesota Licensed Professional Counselor (LPC) license. (If you are not a LPC in Minnesota, please complete the LPCC general method application or the reciprocity application) 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 appropriate fees. There is a $150 **non-refundable** application fee and the $250 **non-refundable** initial licensure fee (Minn. Stat. sec. 148B.53, subds.3(1) and (2)). In addition, there is a $32.00 background check fee (see item 3. below). **These fees can be combined into one payment of $432.00**. Please make your check or money order payable to the Minnesota Board of Behavioral Health and Therapy (or BBHT).

3. All applicants for licensure are now required to complete a finger print-based criminal background check. **A fingerprint information packet with instructions will be emailed to you AFTER you submit this license application and the applicable fees.** Fingerprints submitted for other purposes (DHS background study, other professional license, etc.) cannot be used for this check.
Criminal Background Check (CBC) EXEMPTION: Under Minnesota Statutes section 214.075, subdivision 1, an applicant is **EXEMPT** from submitting to a Criminal Background Check if the applicant previously submitted a state or national criminal history records check for a license issued by BBHT.

Applicants who fall under this exemption, will only be required to pay the $400.00 **non-refundable** initial application and licensure fees.

4. All applicants using the conversion method are required to maintain an active LPC license in good standing during the time their LPCC application is being processed. The LPC license should be renewed as active until the LPCC license is issued.

All applicants MUST submit the following to the BBHToffice:

☐License Application, completed, signed, notarized; **All** sections must be submitted, except pages 1-3.

☐Application processing fee; initial licensing fee; and the Criminal Background Check fee totaling $432.00 in a check or money order 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.

The following items MUST be sent directly to the BBHToffice from the issuing authority or institution:

☐ Application Section E: Verification of Completed Supervised Professional Practice must be submitted by your supervisor. Do NOT include the form with your application.

☐ IMPORTANT: If your supervisor has not been pre-approved by the Board, your supervisor must first apply to the Board to determine if they meet the qualifications specified in Minnesota Statutes section 148B.50, subdivision 2 and Minnesota Rules part 2150.5010, subpart 3. They must complete and submit either (1) a Supervisor Credential Verification form if all 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. *See* the Board's website at https://mn.gov/boards/behavioral-health/, under the LPC/LPCC Supervisors tab for the supervisor application forms.

☐ Graduate Transcripts: The Board must receive all relevant graduate degree and other transcripts directly from your educational institution(s). Sealed copies submitted with your application will not be accepted. Transcripts that should be submitted include those from: the graduate counseling program from which you graduated; pre-degree graduate counseling course work that did or did not transfer into your degree program; and post-degree graduate counseling coursework. All courses must be from an accredited program or school (CACREP or CHEA) and must be passed for credit. Transcripts do not need to be re-submitted if there are no changes or additions to your transcripts since application for the LPC license.

☐ License Verification: must be sent directly to the BBHT from each licensing board with which you currently *or* previously held a license (as listed on the bottom of page 5). Exception: you do not need to request a license verification for your LPC or LADC license with the BBHT; however, you must still list your LPC or LADC license on page 5 for background checking purposes.

☐ **If you did not complete the NCMHCE for LPC licensure, you must take this exam for LPCC licensure. The exam results must be received directly from NBCC.**

TAX INFORMATION

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

Applicant's Name:_____
(Please print)

MINNESOTA BOARD OF BEHAVIORAL HEALTH and THERAPY

APPLICATION, INITIAL LICENSURE and CRIMINAL BACKGROUND CHECK Fees: **$400.00 (Non-refundable)**

Section A. Personal Information

Application for the Licensed Professional Clinical Counselor(LPCC) License: Conversion Method

RIGHTS OF SUBJECTS OF DATA

Pursuant to Minnesota Statutes section 13.41, subdivision 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 Minnesota Statutes section 13.41, subdivisions 2 and 5. If the application is denied this information may also become public under Minnesota Statutes section 13.41, subdivisions 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.

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 ❑ Male ❑ Female
9. Social Security Number: _____-_____-_____		10. Minnesota Business I.D. number (if applicable):	

Board Office use only

Payment Info:
Check #: _____ Amount: _____ Staff Initials: _____
Deposit #: _____ Date: _____

Section A. Personal Information, continued…

11. Home Address (street address, city, state, zip code and country. No P.O. Boxes)	12. County (Home)
13. Business Name & Address (street address, city, state, zip code and country. No P.O. Boxes) ☐ Unemployed	14. County (Business)

15. Contact Information: Telephone Numbers

(_____)_____ (_____)_____ (_____)_____
Business Home Cell (optional): ❑ Personal/ ❑ Business

16. E-mail Address: Please provide your email address if you wish to permit the Board to correspond with you by email regarding the status of your application.

❑ Personal: ❑ Business:

17. Fax Number (optional)

❑ Personal: ❑ Business:

18. Designated address the Board should use for release to the public (check one): ❑ Home ❑ Business
19. Designated phone number the Board should use for release to the public (check one): ❑ Home ❑ Business
20. Designated address for official Board mailings (check one): ❑ Home ❑ Business

Pursuant to Minnesota Statutes section 13.41, subdivision 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 public are the address and telephone number the board will release in response to public inquiries. The address that you designate as mailing is the address the board will use for all contact 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.

OTHER PROFESSIONAL LICENSES

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

❑ YES ❑ NO

If "yes," please have each jurisdiction submit a license verification **directly** to theBBHT (not to you). Additionally, please list each of your current and former licenses and credentials below:

	License Number	License Type	State/Jurisdiction	Initial Licensure Date	Currently Active?
1.		**LPC**	**Minnesota**		**Y**
2.					**Y N**
3.					**Y N**

MINNESOTA BOARD OF BEHAVIORAL HEALTH AND THERAPY

Applicant's Name:_____
(Please print)

Minnesota Board of Behavioral Health and Therapy – LPCC Application: Conversion Method

Section B. Background Information

Important Notice: This Background section is in addition to the Fingerprint based criminal background check that is now required by MN Statute Section 214.075.

- 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.

Tennessen Warning (Minnesota Statutes section 13.04)
The Minnesota Board of Behavioral Health and Therapy is seeking data from you which may be considered private or confidential under the Minnesota Government Data Practices Act, Minnesota Statutes section 13.01 *et seq.* Minnesota Statutes section 13.04, subdivision 2 requires the Board to notify you of the following four matters before you are asked to supply such information about yourself: (1) This data is being collected to determine whether you meet the requirements for licensure as well as whether you have violated any statutes or rules the Board is empowered to enforce; (2) You are not legally required to complete and return this part of the application, but failure to do so may result in the denial of this licensure application; (3) If you supply the data requested and it shows a violation of any of the statutes or rules enforced by the Board, you may be subject to disciplinary or other action by the Board. If you refuse to supply the data requested, your licensure application may be denied. In addition, falsification or omission of information may be used by the Board as a basis for disciplinary action or denial, and (4) The data which you supply will be accessible to Board staff. The data you supply may also be released to other persons and/or governmental entities who have statutory authority to review the data, investigate specific conduct, and/or take appropriate legal action. If the Board institutes formal disciplinary action against you, the information you supply could become public.

	QUESTION	POSSIBLE ANSWERS
1.	Have you ever had any application for any professional license denied by any licensing authority?	YES ☐ NO ☐
2.	Have you ever been denied the privilege of taking an examination required for any professional license?	YES ☐ NO ☐
3.	Have you ever been dropped,suspended,placed on probation,expelled,or requested to resign from any post-secondary educational programing which you were enrolled for reasons, in whole or in part, unrelated to grades?	YES ☐ NO ☐
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 ☐ NO ☐
5.	Have you ever violated or been formally charged with a violation of the honor code of any educational facility?	YES ☐ NO ☐
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 ☐ NO ☐
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 ☐ NO ☐

8.	To your knowledge have any complaints ever been filed against you with any professional licensing or regulatory agency?	YES ☐ NO ☐
9.	Have you ever been charged with a crime? You must report charges that were expunged or otherwise removed from your record by executive pardon. Please list **all** criminal charges.	YES ☐ NO ☐
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 ☐ NO ☐
11.	Have you ever been named as a defendant to a *criminal* suit related to your profession?	YES ☐ NO ☐
12.	Have you ever been named as a defendant to a *civil* suit related to your profession?	YES ☐ NO ☐
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 ☐ NO ☐
14.	If you answered yes to question number 13 above, are the limitations or impairments caused by your on going physical or mental health condition reduced or ameliorated because you receive ongoing treatment (with or without medications)?	YES ☐ NO ☐ N/A ☐
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 ☐ NO ☐ N/A ☐
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 ☐ NO ☐
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 ☐ NO ☐
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 ☐ NO ☐
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 ☐ NO ☐
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 ☐ NO ☐
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 ☐ NO ☐
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 ☐ NO ☐

Minnesota Board of Behavioral Health and Therapy – LPCC Application: Conversion Method

Section C. Education

The graduate program under which you are applying must be from a counseling program recognized by the Council for Accreditation of Counseling and Related Education Programs (CACREP) or from an institution of higher education 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 must have your degree evaluated by a credentials evaluation service that is accepted by the National Board for Certified Counselors, Inc. (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 of Certified Counselors, Inc. (NBCC)

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 *this degree* for professional purposes upon licensure.	
College/University Name:	
School Location (City & State, or Country):	
Dates Attended (M/D/Y):	*From*: *To (conferral date)*:
Degree Earned:	❑MS ❑MA ❑MEd ❑MSEd ❑MAEd ❑MC ❑PhD ❑PsyD ❑EdD ❑Other __ ___
Major / Concentration:	
Credits Earned:	Total Number of Credits ____ ❑ Semester ❑ Quarter
Transcript Has Been Requested from School: ❑ YES ❑ NO	

B. Other graduate course work 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)			
						❑ Sem ❑ Qtr *Total*:
						❑ Sem ❑ Qtr *Total*:

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**

MINNESOTA BOARD OF BEHAVIORAL HEALTH AND THERAPY

Applicant's Name:_____
(Please print)

Minnesota Board of Behavioral Health and Therapy – LPCC Application: Conversion Method Section D. Clinical Course work 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 may list each course only once in column A of the chart below. Please list all clinical subjects (by number) contained in the course in column F (*e.g.*, Subject 1, Subject 2).
   If a course title does not clearly indicate the content areas in Minnesota Statute section 148B.53, subdivision 1(b), one of the board staff members will ask you to provide syllabi that indicates specific material covered. Do NOT submit syllabi unless a staff member request one from you.

3. You must demonstrate that you have completed coursework in each of the six clinical subjects listed below.
   Subject 1: Diagnostic assessment for child or 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.
   List the course in column A; in column F you must state the clinical subject matter that was covered (by number.) 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 for the 24 required semester credits. If a course was clinical in nature but did not include one of the required clinical subjects, you may still apply it towards the 24 clinical credits requirement.

4. If the primary degree you are applying under is different than the degree used for your LPC license, all six clinical subjects must be covered in the new degree. However, clinical subjects from the previous degree still apply towards the requirement of 24 overall clinical credits. For example, you may have applied for the LPC using a master's degree and now wish to apply for the LPCC using a doctoral degree.

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

Applicant's Name:_____
(Please print)

Section D. Clinical Coursework Sheet, continued…

A	B	C	D	F	G
Course Number:	Course Title, School:	Credit Hour (Circle Unit):	Credits Earned in Course:	Clinical Subjects that were Covered in Course (list all, by number, 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)=					

MINNESOTA BOARD OF BEHAVIORAL HEALTH AND THERAPY

Applicant's Name:_____
(Please print)

Minnesota Board of Behavioral Health and Therapy – LPCC Application: Conversion Method
Section E. Verification of Completed Supervised Professional Practice
To be completed and submitted by the supervisor

Instructions for Applicant:

1. **Your supervisor must complete this form and mail it directly to the BBHT**, as instructed below. Although similar information may have been submitted for your LPC license, it does not replace the completion of this form.

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 4,000 hours of post-master's supervised clinical professional practice required by Minnesota Statutes section 148B.5301, subdivision 4(a)(8) (2014 Session Laws, Chapter 291, Article 4, section 26). For purposes of this requirement, the supervision must have been clinical in nature and not employment related supervision.

3. 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.

4. Upon review of the information, the Board will notify you in writing whether you have completed the requirement, in whole or in part. You cannot be licensed until a total of 4,000 hours of supervised clinical professional practice has been accepted by the Board.

Instructions for Supervisor:

5. **Do not return this form to your supervisee**. Please complete this form and mail *this original* directly to the BBHT. Please keep a photocopy for your records; please also provide a photocopy to your supervisee for their records. BBHT address:

Minnesota Board of BehavioralHealth and Therapy
335 Randolph Avenue, Suite 290
St. Paul, MN 55102

6. In addition to providing the information below, if you are not a Board approved supervisor, you must complete and submit either (1) a Supervisor Credential Verification form if all 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.

7. Supervision must meet the requirements of Minnesota Statutes section 148B.5301, subdivision 4(a)(8) and Minnesota Rules part 2150.5010. All professional practice supervision must have occurred after the date the supervisee's graduate degree was conferred.

Supervisor (check one):	
	is already an approved supervisor with BBHT
	is submitting the Supervisor Application form because all or a portion of the supervision occurred on or after July 5, 2005
	is submitting the Supervisor Credential Verification form because all the supervision occurred prior to July 5, 2005

MINNESOTA BOARD OF BEHAVIORAL HEALTH AND THERAPY

Applicant's Name:_____
(Please print)

Section E. Supervision verification of past professional practice continued…

Part I. General Information

Name of Supervisee: _____

Name of Supervisee's place of employment during supervision: _____

Name of Supervisor: _____

Name of supervision location (Business): _____

Address of supervision location: _____

Part II. Post-degree supervision occurring **prior** to July 5, 2005
*Supervisor, complete Part II for the portion of the supervisee's post-degree supervision that you personally supervised, occurring **before** July 5, 2005 (if any).*

Date Supervision Began:_____ *Ended*: 7-4-2005 (if an earlier date, please list): _____

# of hours worked between above dates per week: _____

# of in-person supervision hours received between above dates per week:_____

Total professional employment hours that I supervised prior to 7-5-05:_____

Total supervision hours I provided prior to 7-5-2005:_____

The content of supervision included the supervisee's permissible scope of practice, as referenced in Minnesota Statutes sections 148B.50, subd. 5 and 148B.5301, subd. 5 (please circle): YES NO

The supervised professional practice included the delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders in adults (please circle): YES NO

The supervised professional practice included the delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders in children (please circle): YES NO

Part III. Post-degree supervision occurring **on or after July 5, 2005**
*Supervisor, complete Part III for the portion of post-degree supervision that you alone supervised, occurring **after** July 5, 2005 (if any).*

Date Supervision Began **(M/D/Y)**:_____Date Supervision Ended **(M/D/Y)**: _____

# of hours worked between above dates per week (up to a maximum of 40 hours):_____

Total # of **professional employment hours** that I supervised between the dates listed above: _____

Total # of **supervision hours I** provided between the dates listed above: _____

of **individual** (1-to-1) supervision hours: _____

of **group** supervision hours: _____

Total number of direct client contact hours: _____

Applicant's Name:_____
(Please print)

Section E. Verification of Completed Supervised Professional Practice, continued …

Supervisors: Please initial boxes below (If the supervision did not comply with the requirement, refrain from initialing that statement and, if applicable, instead write the number or percent that occurred.)	
	The content of supervision included professional counseling knowledge, skills, values, and ethics with specific application to the practice issues faced by the supervisee.
	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.
	Supervision was obtained at the rate of 2 hours of supervision per 40 hours of professional practice.
	Supervision was evenly distributed over the course of the supervised professional practice
	At least 75% of supervision was received in person.
	0% - 25% of supervision was received via telephone or audio or audiovisual electronic device
	At least 50% of supervision was done on an individual basis (one-to-one)
	0% - 50% of supervision was done in a group setting
	Supervision was completed in no fewer than 24 consecutive months
	Supervision was completed in no more than 72 consecutive months.
	The content of supervision included the supervisee's permissible scope of practice, as referenced in Minnesota Statutes sections 148B.50, subd. 5 and 148B.5301, subd. 5.
	The supervised professional practice included the delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders in **adults**.
	The supervised professional practice included the delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders in **children**.

Supervisor's signature and certification

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.

Supervisor signature:_____ Date:_____

*Please **initial** the following certifying statement. If you **do not** initial this statement, please explain your reasons in a separate written statement.*

_____ I certify that the work completed under my supervision was satisfactory.

MINNESOTA BOARD OF BEHAVIORAL HEALTH AND THERAPY

Applicant's Name:_____
(Please print)

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):	

MINNESOTA BOARD OF BEHAVIORAL HEALTH AND THERAPY

Applicant's Name:_____
(Please print)

Minnesota Board of Behavioral Health and Therapy – LPCC Application: Conversion Method

Section G. 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 clinical 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 Minnesota Statutes section 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 clinical 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 _____, 20____

_____
Signature of Notary

MINNESOTA BOARD OF BEHAVIORAL HEALTH AND THERAPY

Applicant's Name: _____
(Please print)

Minnesota Board of Behavioral Health and Therapy – LPCC Application: Conversion Method

Section H. Examination

Please check one regarding your examination history:

❑ **I have successfully completed the following examination(s) for licensure and my examination results are being mailed or have been sent directly to the BBHT from the testing agency;**
(Important: As of 8/1/2014 all LPCC licensure applicants must have taken and passed the NCMHCE.)

☐ National Clinical Mental Health Counseling Examination (NCMHCE)

Date Exam Completed _____

❑ **I will be taking the examination for licensure. My plans are indicated below:**

☐ I will be registering for the NCMHCE examination. (Note: to register go to www.NBCC.org.)

☐ I am registered for the National Clinical Mental Health Counseling Examination (NCMHCE)

Scheduled testing date: _____