

Licensed Professional Clinical Counselor Application (LPCC) GENERAL METHOD

Minnesota Statutes Section 148B.5301, Subdivision 1 and 2

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INSTRUCTIONS – LPCC Application: General Method

1. This application form must be completed by each applicant for licensure as a Licensed Professional Clinical Counselor (LPCC) in the State of Minnesota that is **not** currently licensed as a Licensed Professional Counselor (LPC) in Minnesota. (If you hold a current, active LPC license in Minnesota you must complete the conversion application.) If you are a professional counselor licensed in another state at the clinical level and you believe the requirements for licensure in that state are substantially similar to the requirements found in Minnesota Statutes section 148B.5301, Subdivision 1 and 2, you may apply by completing the application for reciprocity.
2. This application must be filled out completely. Incomplete applications will be returned to you.
3. 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, subs. 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).
4. All applicants for licensure are now required to complete a fingerprint-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** fee initial application and licensure fees.

5. Licensed Professional Clinical Counselors are governed by Minn. Stat. Sec. 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 <https://mn.gov/boards/behavioral-health/> to access the Board's most current statutes and rules.
6. Except where noted, all applicants must submit the following:
License Application, completed, signed, notarized; **All** sections must be submitted, except pages 1-3.
Application processing fee and initial licensing fee totaling \$432.00 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.
7. The following items must be sent directly to the BBHT office from the issuing authority or institution:
 - Application Section G: Verification of Completed Supervised Professional Practice **must be submitted by your supervisor**
 - Graduate Transcripts: All Relevant Graduate Degree Transcripts **must be sent directly from the educational institution**. Transcripts that should be submitted include those from: the graduate counseling program from which you graduated; pre-degree graduate counseling coursework that did or did not transfer into your degree program; and post-degree graduate counseling coursework. All courses must be from an accredited school (CHEA or CACREP-recognized) and must be passed for credit. If you practicum/internship hours are not listed on your transcript, a letter must also be received directly from your school to verify the hours (see instructions for Section F.)
 - Exam Results: National examination test results reflecting passing scores. (Note: If taken at a Minnesota test site, the results will be sent by NBCC automatically.)
 - 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.
 - Supervisor Verification (Section G) must be sent directly by supervisor(s):
 - Minn. Stat. sec. 148B.50, subd. 2, in Minn. Rules part 2150.5010, subp. 3., and in Minn. Stat. sec. 148B.5301, subd. 2(b). If your supervisor is **not currently an "Approved Supervisor" by the Board**, your proposed supervisor must complete the *Supervisor Application* form and submit it with all requested attachments. If you have more than one proposed supervisor, separate forms must be filled out and submitted by each supervisor.
8. **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, INITIAL LICENSURE and CRIMINAL BACKGROUND CHECK

FEES: \$432.00 (Non-refundable)

Section A. Personal Information

Application for Professional Clinical Counselor Licensure (LPCC) General Application Method
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, 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.</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. 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):	

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

11. Home Address (street address, city, state, zip code and country.)	12. County (Home)
13. Business Name & Address (street address, city, state, zip code and country.)	14. County (Business)
<input type="checkbox"/> Unemployed	
15. Contact Information: Telephone Numbers	
(_____) _____ (_____) _____ (_____) _____ Business Home Cell (optional): <input type="checkbox"/> Personal / <input type="checkbox"/> Business	
16. <u>E-mail Address</u> : 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: _____	
17. Fax Number (optional)	
<input type="checkbox"/> Personal: _____ <input type="checkbox"/> Business: _____	
18. Designated address the Board should use for release to the public (check <u>one</u>): <input type="checkbox"/> Home <input type="checkbox"/> Business 19. Designated phone number the Board should use for release to the public (check <u>one</u>): <input type="checkbox"/> Home <input type="checkbox"/> Business 20. Designated address for official Board mailings (check <u>one</u>): <input type="checkbox"/> Home <input type="checkbox"/> Business	
<p>Pursuant to Minnesota Statutes 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 above is 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. 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.</p>	

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 submit a license verification **directly** to the BBHT (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.					Y N
2.					Y N
3.					Y N

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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.

Tennessee 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.

	QUESTIONS	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 all 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"/>
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"/>

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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 may 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.) A minimum of 48 semester credits or 72 quarter credits in counseling is required for licensure eligibility. Up to 20 semester or 30 quarter credits may be completed outside of your graduate degree program.

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 <i>this degree</i> for professional purposes upon licensure.	
College or University Name:	
School Location (City & State, or Country):	
Dates Attended (M/D/Y):	From: _____ To (conferral date): _____
Degree Earned:	<input type="checkbox"/> MS <input type="checkbox"/> MA <input type="checkbox"/> MEd <input type="checkbox"/> MEd <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 (list number):</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

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Section D. Academic Summary Sheet

Instructions

1. All applicants must list at least one course for each content area. The courses listed must be those taken and passed for credit and must be completed according to Minn. Stat. sec. 148B.5301, subd. 1(a)(3) or subd. (1)(b). Audited courses, or courses otherwise not taken for credit, may not be counted.
2. All coursework must appear on your transcript(s). A single course may be utilized for more than one content area. Transcripts must be sent directly to the Board office from all educational institutions at which you completed coursework for licensure purposes. An application is not complete until all transcripts are received.
3. **If a course title does not clearly indicate the content areas in Minnesota Statutes section 148.53, subdivision 1(b), one of the board staff members will ask you to provide syllabi that indicate specific material covered. Do NOT submit syllabi unless staff requests them for you.**

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			
4. Group dynamics, processes, counseling and consulting			

Section E. Academic summary sheet continued ...

Content areas	Course Number	Title	College/University
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.

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 that this is not intended to be exploration of the applicant's own career planning; it is intended to be instruction 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.

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.

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Section E. Clinical Coursework Sheet

Instructions:

1. A course may apply to more than one subject area, but only up to its total credits (ex. Course XYZ has 6 semester credits: apply 2 credits to clinical subject one and 4 credits to clinical subject five, etc.)
2. Courses that you listed on pages 8 and 9 may be listed here if they included clinical content.
3. The minimum credits required in each subject are indicated in the left column of the grid.
4. **If a course title does not clearly indicate the content areas in Minnesota Statutes section 148.53, subdivision 1(b), one of the board staff members will ask you to provide syllabi that indicate specific material covered. Do NOT submit syllabi unless staff requests them for you.**

Credits Required (S/Q):	Graduate School:	Course Number:	Course Title:	Credit Hour (Circle Unit):	Number of Credits focused on subject:	Board Use Only
Subject 1: Diagnostic assessment for child or adult mental disorders; normative development; and psychopathology, including developmental psychopathology:						
6 Sem or 9 Qtr				S / Q		
				S / Q		
				S / Q		
				S / Q		
				S / Q		
Subject 2: Clinical treatment planning, with measurable goals:						
3 Sem or 4.5 Qtr				S / Q		
				S / Q		
				S / Q		
				S / Q		
				S / Q		

Subject 3: Clinical intervention methods informed by research evidence and community standards of practice:						
6 Sem or 9 Qtr				S / Q		
				S / Q		
				S / Q		
				S / Q		
				S / Q		
Subject 4: Evaluation methodologies regarding the effectiveness of interventions:						
3 Sem or 4.5 Qtr				S / Q		
				S / Q		
				S / Q		
				S / Q		
				S / Q		
Subject 5: Professional ethics applied to clinical practice:						
3 Sem or 4.5 Qtr				S / Q		
				S / Q		
				S / Q		
				S / Q		
				S / Q		
Subject 6: Cultural diversity:						
3 Sem or 4.5 Qtr				S / Q		
				S / Q		
				S / Q		
				S / Q		
				S / Q		
					Total Clinical Credits (24 semester clinical credits or 36 quarter clinical credits):	

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Section F. Supervised Field Experience

Directions:

1. Pursuant to Minn. Stat. sec. 148B.5301, subd. (1)(a)(3), 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.5310, subd. (1)(b) 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. You must list each location at which you received supervised practice experience for your education.
3. **If your official transcript does not reflect completion of 700 clock hours of supervised field experience (only lists credits earned) you will need to request other official verification.** This may be accomplished by having the program director or equivalent from your school submit a letter directly to the Board office, verifying 700 hours of supervised field experience. In the alternative, you may have your site supervisor(s) submit a verification letter directly to the Board office if the supervisor indicates their professional title and their professional relationship to you (for example “site supervisor”). The verification letter(s) must list the clock hours that were accrued.

(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)	

**Minnesota Board of Behavioral Health and Therapy – LPCC Application: General Method
Section G. Verification of Completed Supervised Professional Clinical Practice**

Instructions for Applicant:

1. Your supervisor must complete this form and mail it directly to the BBHT, as instructed below.

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 4000 hours post-licensure supervised professional practice required by Minn. Stat. sec. 148B.5301, subd. 2 and Minn. Rules part 2150.5010. The supervisor must submit the Supervisor Application form. 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, you must provide the information below on a separate form for each supervisor and/or setting.

4. Upon review, 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 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

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

6. In addition to providing the information below, the supervisor must complete and submit one of the following, **if you haven't done so previously**: (1) the Supervisor Credential Verification form if all of the supervision occurred on or *before* July 4, 2005; or (2) the Supervisor Application form if any part of the supervision occurred on or *after* July 5, 2005.

7. Supervision must meet the requirements of Minn. Stat. sec. 148B.5301, subd. 2 and Minn. Rules part 2150.5010. The supervised practice must be clinical practice: it must include the observation by the supervisor of the successful application of professional counseling knowledge, skills, and values in the differential diagnosis and treatment of psychosocial function, disability, or impairment, including addictions and emotional, mental, and behavioral disorders. It must also include the delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders in **both** children and adults. All professional practice supervision must have occurred after the date the supervisee's graduate degree was conferred.

Part I. General Information

Name of Supervisee: _____

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

Name of Supervisor: _____

Name of supervision location (Business): _____

Date post-degree supervision began (M/D/Y): _____ **Ended (M/D/Y):** _____

Number of hours **worked** between the above dates: Per week _____

Hours of **supervision** received between the above dates: Per week _____

Total of work hours that I supervised between dates listed above: _____

Total of direct client contact hours: _____

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

I provided the following # of hours in **individual (1-on-1)** supervision to the supervisee: _____

I provided the following # of hours in **group** supervision to the supervisee: _____

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 some of the supervision occurred on or after July 5, 2005
<input type="checkbox"/>	is submitting the Supervisor Credential Verification form because all of the supervision occurred prior to July 5, 2005

<i>Initial</i> ↓	Part II. Conduct of Post-degree Supervision <i>Supervisor, if the supervision did not comply with the requirement, refrain from initialing that statement and, if applicable, instead write the number or percent that actually occurred.</i>
	Supervision was conducted under a contract that defined clinical practice and supervision.
	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.
	The content of supervision included the supervisee's permissible scope of practice, as defined by Minnesota Statutes, section 148B.5301, subd. 5.
	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
	(Initial if full 4,000 hours completed under your oversight) Supervision was completed in no fewer than 24 consecutive months and no more than 72 consecutive months.
	The supervised practice was clinical practice. It included my observation of the supervisee's successful application of professional counseling knowledge, skills, and values in the differential diagnosis and treatment of psychosocial function, disability, or impairment, including addictions and emotional, mental, and behavioral disorders.
	The supervised professional practice included delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders in adults .
	The supervised professional practice included delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders in children .
	I certify that the work completed under my supervision was satisfactory. If not, please explain

Part III. Supervisor's signature and certification
<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> <p>Supervisor signature: _____ Date: _____</p>

Minnesota Board of Behavioral Health and Therapy – LPCC Application: General Method
Section H. 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 – LPCC Application: General Method

Section I. 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 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 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 – LPCC Application: General Method
Section J. 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 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: _____