

**Licensed Professional Clinical Counselor Application (LPCC)
RECIPROCITY METHOD
Minnesota Statutes section 148B.56**

**Minnesota Board of Behavioral Health and Therapy
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INSTRUCTIONS – LPCC Application: Reciprocity Method

1. This application form may be completed by each applicant for licensure as a Licensed Professional Clinical Counselor (LPCC) in the State of Minnesota that is currently licensed in another state as a professional counselor at an independent, clinical level.
2. If you hold an active clinical counselor license in another state and you believe the requirements for licensure in that state are substantially similar to the requirements found in Minn. Stat. sec. 148B.5301, subd. 1 and 2, you may apply by completing this application. When another state’s license has not already been evaluated by the board, the first applicant applying via reciprocity from that state will, in effect, initiate the review process for that state license when their completed application is received. You may visit the Board’s LPCC reciprocity webpage to determine if a state license has already been evaluated.
3. With your application, please submit copies of the most current licensure requirements (formal laws and rules) for the clinical license that you hold. The Board will compare the general licensure requirements from that state to the general LPCC licensure requirements in Minnesota (see page 11 of this application). If the requirements for both are found to be “substantially similar,” the board may choose to accept an application by reciprocity. To determine if a license is acceptable for reciprocity, the Board does not look

Instructions, continued...

- at individual accomplishments (i.e. this application). Individual accomplishments are considered after the licensing laws have first been approved for application by reciprocity.
4. This application must be filled out completely. Incomplete applications will be returned to you, delaying processing of your application.
 5. 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, subds. 3(5) and (6)). 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).
 6. 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 www.bbht.state.mn.us to access the Board's most current statutes and rules.
 7. All applicants must complete and submit the following:
 - License Application, completed, signed, notarized; **All** sections must be submitted, except pages 1-2.
 - Recent 2" X 2" Photo
 - Application processing fee; initial licensing fee; and OET license surcharge 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.
 - Copies of the state laws and rules that demonstrate the current licensure requirements for the clinical counselor license that you are using for reciprocity application.
 8. All applicants must request that these items be sent directly to the BBHT office from the issuing authority or institution:
 - Graduate Transcripts: All Relevant Graduate Degree Transcripts. 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 passed for credit.
 - 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 4). 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 4 for background checking purposes.
 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. **Rights of Subjects of Data.** As part of the Board's compliance with Minnesota Statutes sections 144.051 and 144.052, the Board requests the age, sex, and states of residency for each applicant. These laws state that the Commissioner of Health shall prepare reports in each even-numbered year that provide information regarding the age, sex, and states of residency of applicants, among other things. Data collected by the Board is delivered to the Commissioner of Health and is for statistical purposes only. Your name is not used in connection with this data. Supplying this information does not in any way affect your candidacy for licensure; however, failure to supply this information may delay the processing of your application.

MINNESOTA BOARD OF BEHAVIORAL HEALTH and THERAPY

APPLICATION, INITIAL LICENSURE and OET License Surcharge Fees:
\$425.00 (Non-refundable)

Section A. Personal Information

**Application for Professional Clinical Counselor Licensure (LPCC)
 Reciprocity Application Method**

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.

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 a
 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):	

****Board Office use only****

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

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. Business Name & Address (street address, city, state, zip code and country. <u>No P.O. Boxes</u>) <input type="checkbox"/> Unemployed	14. County (Business)
15. Contact Information: Telephone Numbers (_____) _____ (_____) _____ (_____) _____ Business Home Cell (optional): <input type="checkbox"/> Personal / <input type="checkbox"/> Business	
16. <u>E-mail Address</u> (optional) Please provide your email address if you wish to permit the Board to correspond with you by email regarding the status of your application. The Board does not provide email addresses to outside parties for any reason. <input type="checkbox"/> Personal: _____ <input type="checkbox"/> Business: _____	
17. Fax Number (optional) <input type="checkbox"/> Personal: _____ <input type="checkbox"/> Business: _____	
18. Designated address and phone number for <u>release to the public</u> and for <u>official Board mailings</u> (check one): <div style="text-align: center;"> <input type="checkbox"/> Home <input type="checkbox"/> Business </div> <p>This address and phone number will be released in response to public inquiries, for correspondence from the Board office, for mailing lists that the Board provides upon request, and for publication on the Board's website.</p> <p>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. Cell phone and pager phone numbers may not be used as a designated telephone number for release to the public. 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
2.					Y N
3.					Y N

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

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 and NOTARIZED affidavit 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.	Has your professional license or registration ever been 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 there ever been any criminal charges filed against you? This includes any charges which were expunged or otherwise removed from your record by executive pardon.	YES <input type="checkbox"/> NO <input type="checkbox"/>
10.	Have there ever been any charges of Driving While Intoxicated (DWI) or Driving Under the Influence (DUI) or other impaired driving offenses involving the use of alcohol or other chemical substances filed against you?	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"/> N/A <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"/> N/A <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"/>

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

Section C. Education

Directions:

The graduate program under which you are applying must be the same degree that was utilized for your clinical counselor license that you’ve listed on the bottom of page 4 (the license used for reciprocity).

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. 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</i> degree 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"/> MSEd <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:</i> _____
Transcript Has Been Requested from School: <input type="checkbox"/> YES <input type="checkbox"/> NO	

B. Other graduate counseling coursework completed. (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:

.....

.....

Printed/typed name of Applicant: _____

Minnesota Board of Behavioral Health and Therapy – LPCC Application: Reciprocity Method
Section D. 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):			

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

Section E. 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 agree that pursuant to Minn. Stat. §148B.59 (a)(7) the Board may assess reasonable costs for any such investigation or inquiry, and acknowledge that I must remit such assessment(s) prior to the granting of a Minnesota license.

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 by five years or more.

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

The general licensure requirements for the clinical license you wish to use for reciprocity must be substantially similar to Minnesota's general licensure requirements for LPCCs, found in Minnesota Statutes section 148B.5301, subdivisions 1 and 2:

Subdivision 1. General requirements. (a) To be licensed as a licensed professional clinical counselor (LPCC), an applicant must provide satisfactory evidence to the board that the applicant:

(1) is at least 18 years of age;
(2) is of good moral character;
(3) has completed a masters or doctoral degree program in counseling or a related field, as determined by the board based on the criteria in items (i) to (x), that includes a minimum of 48 semester hours or 72 quarter hours and a supervised field experience in counseling that is not fewer than 700 hours. The degree 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). Specific academic course content and training must include coursework in each of the following subject areas:

(i) helping relationship, including counseling theory and practice;
(ii) human growth and development;
(iii) lifestyle and career development;
(iv) group dynamics, processes, counseling, and consulting;
(v) assessment and appraisal;
(vi) social and cultural foundations, including multicultural issues;
(vii) principles of etiology, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior;
(viii) family counseling and therapy;
(ix) research and evaluation; and
(x) professional counseling orientation and ethics;
(4) has demonstrated competence in professional counseling by passing the National Clinical Mental Health Counseling Examination (NCMHCE), administered by the National Board for Certified Counselors, Inc. (NBCC) and ethical, oral, and situational examinations as prescribed by the board. In lieu of the NCMHCE, applicants who have taken and passed the National Counselor Examination (NCE) administered by the NBCC, or another board-approved examination, need only take and pass the Examination of Clinical Counseling Practice (ECCP) administered by the NBCC;

(5) has earned graduate-level semester credits or quarter-credit equivalents in the following clinical content areas as follows:

(i) six credits in diagnostic assessment for child or adult mental disorders; normative development; and psychopathology, including developmental psychopathology;
(ii) three credits in clinical treatment planning, with measurable goals;
(iii) six credits in clinical intervention methods informed by research evidence and community standards of practice;
(iv) three credits in evaluation methodologies regarding the effectiveness of interventions;
(v) three credits in professional ethics applied to clinical practice; and
(vi) three credits in cultural diversity; and

(6) has demonstrated successful completion of 4,000 hours of supervised, postmasters degree professional practice in the delivery of clinical services in the diagnosis and treatment of child and adult mental illnesses and disorders, conducted according to subdivision 2.

(b) If coursework in paragraph (a) was not completed as part of the degree program required by paragraph (a), clause (3), the coursework must be taken and passed for credit, and must be earned from a counseling program or institution that meets the requirements of paragraph (a), clause (3).

Subd. 2. Supervision. (a) To qualify as a LPCC, an applicant must have completed 4,000 hours of postmasters degree supervised professional practice in the delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders in both children and adults. The supervised practice shall be conducted according to the requirements in paragraphs (b) to (e).

(b) The supervision must have been received under a contract that defines clinical practice and supervision from a mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (6), or section 245.4871, subdivision 27, clauses (1) to (6), or by a board-approved supervisor, who has at least two years of postlicensure experience in the delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders.

(c) The supervision must be obtained at the rate of two hours of supervision per 40 hours of professional practice. The supervision must be evenly distributed over the course of the supervised professional practice. At least 75 percent of the required supervision hours must be received in person. The remaining 25 percent of the required hours may be received by telephone or by audio or audiovisual electronic device. At least 50 percent of the required hours of supervision must be received on an individual basis. The remaining 50 percent may be received in a group setting.

(d) The supervised practice must include at least 1,800 hours of clinical client contact.

(e) The supervised practice must be clinical practice. Supervision includes 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.