MINNESOTA
BOARD OF BEHAVIORAL
HEALTH AND THERAPY

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Licensed Professional Counselor (LPC) | Licensed Professional Clinical Counselor (LPCC) Reciprocity Application

Minnesota Statutes section 148B.56, subdivisions 1 and 2

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INSTRUCTIONS – LPC and LPCC Application: Reciprocity Method

1. Complete this application if you have been licensed in another jurisdiction and have been in active practice. The Board may issue a license to an individual who holds a current license or credential from another jurisdiction if the requirements for that credential are substantially similar to the requirements in Minnesota Statute Sections 148B.50 to 148B.593. The license should be the highest level of counselor licensure in your state if you are applying for the LPCC license (*e.g.* LPCC, LCPC, LMHC, etc.). Some states only have one level of licensure (e.g. LPC). Visit the BBHT's LPC and LPCC's reciprocity page: https://mn.gov/boards/behavioral-health/applicants/apply/reciprocity/lpc-lpcc-reciprocity.jsp to determine if your jurisdiction's license has been evaluated.
2. Submit copies of your jurisdiction's current licensure requirements (formal laws and rules) for the license or credential you are seeking reciprocity for. The BBHT will review the jurisdiction's professional clinical counseling/mental health counseling and scope of practice in your state. The BBHT shall determine, based on your individual experience and qualifications, whether you will be granted a LPC or LPCC license.
3. You must fill this application out completely and provide all requested details and information. Incomplete applications may be rejected. Incomplete applications delay the application process, and at the BBHT's discretion, portions of the application may be returned to you to provide missing information.
4. Include the required fees with your application: $150 **non-refundable** application fee, $250 **non-refundable** initial licensure fee (*see* Minnesota Statutes section 148B.53, subdivision 3), and $35.00 criminal background check fee (see item 5. below). **These fees should be combined into one payment of $435.00**. Please make your check or money order payable to Minnesota Board of Behavioral Health and Therapy (or BBHT).
   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.

Applicant's Name: _____
(Please print)

5. Unless an applicant falls under the exemption above, the applicant is required to submit to a fingerprint-based criminal background check. **The Criminal Background Check Unit will email you a fingerprint information packet with instructions AFTER you submit this licensure application and the applicable fees.** Fingerprints submitted for other purposes (DHS background study, other professional license issued by another board, etc.) cannot be used.

6. Licensed Professional Counselors and Licensed Professional Clinical Counselors are governed by Minnesota Statutes sections 148B.50 to 148B.593, Minnesota Statutes Chapter 214, and Minnesota Rules Chapter 2150. All applicants and licensees are responsible for familiarizing themselves with these regulations. Visit the Board's website at https://mn.gov/boards/behavioral-health/ to access the most current statutes and rules.

7. All applicants must complete and submit the following:
   a) License Application, completed, signed, notarized; **All** sections must be submitted, except pages 1-2.
   b) Initial application fee; initial license fee; and criminal background check fee totaling $435.00 made payable to BBHT **(non-refundable)**. Pursuant to Minnesota Statutes section 604.113, there is a $30 service charge on all checks not honored by your bank.
   c) Copies of the state laws and rules that demonstrate the current licensure requirements for the professional counselor or clinical counselor license (highest licensure level in your state) you are using for reciprocity application.

8. All applicants must have the following items sent directly to the BBHT office from the issuing authority or institution:

   a) 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 to count for licensure or continuing education requirements in Minnesota.
   b) 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: if the state from which you hold a license has primary source online license verification, you do NOT need to request one to be sent to the BBHT. Please print out online verification of your license(s) and include with your application. If you hold the LPC or LADC license with the BBHT, you do not need to request a license verification. However, you must still list your LPC or LADC license on page 4 for background check purposes.

TAX INFORMATION

Pursuant to Minnesota Statutes, Section 270C.72, subdivisions 1 and 4, the BBHT 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. 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.

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 name, address, birthdate and sex of each applicant. Data the Board collects 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. Pursuant to Minnesota Statutes section 13.41, subdivision 2, information you provide in this application, except for your name and designated address, is classified as private. Private data is accessible only to those designated in Minnesota Statutes Section 13.41. 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.

MINNESOTA BOARD OF BEHAVIORAL HEALTH AND THERAPY

Applicant's Name: _____
(Please print)

Minnesota Board of Behavioral Health and Therapy - LPC and LPCC Reciprocity Application

APPLICATION, INITIAL LICENSURE and CRIMINAL BACKGROUND CHECK FEES: $435.00 (Non-refundable)

Section A. Personal Information

Applicants are responsible for reading the statutory requirements for licensure before selecting a type of license type.
Which type of license are you applying for? ❑ Licensed Professional Counselor (LPC) ❑ Licensed Professional Clinical Counselor (LPCC)
How many years of active practice do you have in your jurisdiction? ❑ I have been actively practicing for less than five years. ❑ I have been actively practicing for more than five years.

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: _____

MINNESOTA BOARD OF BEHAVIORAL HEALTH AND THERAPY

Applicant's Name: _____
(Please print)

Section A, Personal Information form, continued…

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. ❑ 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 CBC Unit and the Board to correspond with you by email regarding the status of your CBC or 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 Statues section 13.41, subdivision 2(b), a person who is subject to the jurisdiction of 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, you are required to notify the board within 30 days of any change. Your notification must be made in writing and submitted to the BBHT office.

PROFESSIONAL LICENSES

Are you now, or have you ever been, licensed or otherwise credentialed to practice professional counseling or any 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). Primary source online verifications are acceptable. Please list each of your current and former licenses and credentials below:

	License Number	License Type	State/Jurisdiction	Initial Licensure Date	License Currently Active?	License in Good Standing?
1.					Y N	
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 – LPC and LPCC Reciprocity Application

Section B. Background Information

Important Notice: This background section is in addition to the fingerprint-based criminal background check required by Minnesota Statutes 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 a delay in processing your application until you provide the required information.
- 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.

	QUESTIONS	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 program in 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.	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 ☐ NO ☐
8.	To your knowledge have any complaints ever been filed against you with any professional licensing or regulatory agency?	YES ☐ NO ☐

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 ☐ NO ☐
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 ☐ 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 ongoing 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 ☐ N/A ☐
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 ☐ N/A ☐
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

Applicant's Name: _____
(Please print)

Minnesota Board of Behavioral Health and Therapy – LPC and LPCC Reciprocity Application
Section C. Education

List the graduate program and degree that was the basis for your counselor license (the license or credential used for reciprocity).

A. Graduate program that was the basis for licensure (Official transcripts must be submitted to BBHT directly from your school). You will be required to use *this* degree for professional purposes upon licensure in Minnesota.		
College or 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:	❑ Semester ❑ Quarter *Total credits earned in program:*	
Transcript Has Been Requested from School: ❑ YES ❑ 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)			
						❑ Sem ❑ Qtr *Total*:
						❑ Sem ❑ Qtr *Total*:

WAIVER

I,_____,hereby authorize any and all colleges, post-secondary educational institutions, police departments, professional licensing or credentialing boards, 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, professional licensing or credentialing boards, or other entities of any and all liabilities for providing said records pursuant to this request.

Signature of Applicant: **Date:**

_____ _____

Applicant's Name: _____
(Please print)

Minnesota Board of Behavioral Health and Therapy – LPC and LPCC Application: Reciprocity
Section D. Resume of Professional Counseling Experience
Make copies of this page as needed

All applicants must compete this section. Your own resume will not replace this form, however, you may submit it in addition to this form. List your years of active practice experience beginning with the most recent:

Date beginning:	Date ending:
Organization Name:	
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):	

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):	

Applicant's Name: _____
(Please print)

Minnesota Board of Behavioral Health and Therapy – LPC and LPCC Reciprocity Application
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 counselor or 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 §148B.5915. I agree that pursuant to Minnesota Statutes §148B.59 (a)(7).

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.

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 and I affirm that if I have been the subject of licensing or credentialing complaints, investigations, discipline, or corrective action in any state or jurisdiction. I have provided all details regarding such complaint(s), investigations, discipline, or corrective actions to the Minnesota Board of Behavioral Health and Therapy. I understand that failure to fully disclose such matters may affect my application.

(2) have attached to my application a copy of all orders for discipline and corrective actions issued to me relating to any professional license to practice I have ever held.

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

The general licensure requirements for LPC's and LPCCs are listed below. These statutory requirements can be found here: https://www.revisor.mn.gov/statutes/cite/148B.53 and https://www.revisor.mn.gov/statutes/cite/148B.5301

148B.53 REQUIREMENTS FOR LICENSURE.

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Subdivision 1. **General requirements.**

(a) To be licensed as a licensed professional counselor (LPC), an applicant must provide evidence satisfactory to the board that the applicant:

(1) is at least 18 years of age;

(2) is of good moral character;

(3) has completed a master's or doctoral degree program in counseling or a related field, as determined by the board based on the criteria in paragraph (b), that includes a minimum of 48 semester hours or 72 quarter hours and a supervised field experience of not fewer than 700 hours that is counseling in nature;

(4) has submitted to the board a plan for supervision during the first 2,000 hours of professional practice or has submitted proof of supervised professional practice that is acceptable to the board; and

(5) has demonstrated competence in professional counseling by passing the National Counseling Exam (NCE) administered by the National Board for Certified Counselors, Inc. (NBCC) or an equivalent national examination as determined by the board, and ethical, oral, and situational examinations if prescribed by the board.

(b) The degree described in paragraph (a), clause (3), 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 course work in each of the following subject areas:

(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;

(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; and

(10) professional counseling orientation and ethics.

(c) To be licensed as a professional counselor, a Minnesota licensed psychologist need only show evidence of licensure from the Minnesota Board of Psychology and is not required to comply with paragraph (a) or (b).

148B.5301 LICENSED PROFESSIONAL CLINICAL COUNSELOR.

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 master's 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;

(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, post-master's 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).

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Subd. 2.**Supervision.**

(a) To qualify as a LPCC, an applicant must have completed 4,000 hours of post-master's 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 245.4871, subdivision 27, clauses (1) to (6), or by a board-approved supervisor, who has at least two years of post-licensure experience in the delivery of clinical services in the diagnosis and treatment of mental illnesses and disorders. All supervisors must meet the supervisor requirements in Minnesota Rules, part 2150.5010.

(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.

Subd. 3.

MS 2010 [Expired, 2007 c 123 s 40 para (c)]

Subd. 3a.

MS 2012 [Expired, 2012 c 197 art 3 s 2]

148B.56 RECIPROCITY.

Subdivision 1. **Persons licensed in another jurisdiction for less than five years.** The board may issue a license to an individual who holds a current license or other credential from another jurisdiction if the board finds that the requirements for that credential are substantially similar to the requirements in sections 148B.50 to 148B.593.

Subdivision 2. **Persons licensed in another jurisdiction for five or more years.**

(a) The board may issue a license to an individual who holds a current license or other credential in good standing from another jurisdiction if the board finds that the individual has been in active practice for a minimum of five years after receiving licensure or other credential.

(b) The board shall determine, based on the individual's experience and qualifications, whether the individual is granted the licensed professional counselor license or the licensed professional clinical counselor license.