

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:	(###-###-####):
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Date beginning:	Date ending:
Organization Name:	
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Date beginning:	Date ending:
Organization Name:	
Complete address:	
Name & title of immediate supervisor:	
Phone number:	(###-###-####):
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Date beginning:	Date ending:
Organization Name:	
Complete address:	
Name & title of immediate supervisor:	
Phone number:	(###-###-####):
Description of duties (related to professional counseling):	