



LPC-S Licensure Application

Checklist for LPC Supervisor Applicants

- I have read the Application Process for LPCS.
- I have completed all of Section I (Social Security Number and Date of Birth are required).
- I have listed all licenses and certificates (issued by North Carolina and other states) in Section II, if applicable.
- I have enclosed a written explanation for questions answered with a “Yes” in Section III Legal and Ethics History.
- I have listed all graduate institutions attended in Section IV.
- I have listed three (3) professional references with contact information and the length of time I have known them in Section V.
- I have listed my professional counseling experience in Section VII and requested that all mental health professionals as defined by rule 21 NCAC 53 .0213 complete the Verification of Professional Counseling Experience form(s) to be sent directly to the NCBLPC.
- I have listed course work OR continuing education related to clinical supervision in Section VII. If coursework, then a transcript is required to be submitted to the Board.
- I have attached a photo (no larger than 2” x 2”) in Section VIII.
- I have signed and dated the application in the presence of a Notary Public as required in Section IX.
- I have enclosed two fingerprint cards and the Authority for Release of Information (see page 11) to be submitted by the NCBLPC for state and national background checks to be performed by the SBI and FBI as required in Section XII.
- I have included my application fee of \$238, includes fee for criminal background check
- I have included my LPCS Professional Disclosure Statement.
- I have included my LPCS Jurisprudence Exam Certificate of Completion.



LPC Supervisor Licensure Application

APPLICATION INSTRUCTIONS

1. **PRINT** or **TYPE** using **BLACK** Ink to complete this application.
2. Applicants must complete **ALL SECTIONS** of the application or the application will be returned..
3. A completed application and other required support documentation are to be mailed in one packet to the Board's address listed below.
4. The fee for each application is \$200 plus an additional \$38 for the criminal background check and must accompany the application when mailed. **Application fees are non-refundable.**

I. GENERAL INFORMATION - To be completed by all applicants.

Name (Last, First, Middle): _____ Social Security Number _____ Date of Birth: _____
 _____ (required) _____ (mm/dd/yyyy)

Please include maiden name and/or any other alias:

Mailing Address (Street and/or Box Number, City, State, Zip Code): _____ Home Phone: _____

Email Address: _____ Mobile Phone: _____

Business Name & Address (if different than above): _____ Work Phone: _____

Email Address: _____ Work Fax: _____

II. CREDENTIALS - To be completed by all applicants.

List all professional counseling credentials which you now hold or have ever held in order of attainment.

License/Certificate Type	License/Certificate #	Issue Date	Agency/State Issued By

Amount \$ _____
Payment: CC Check MO
Date Rec'd: _____
For Office Use Only

Name of Applicant: *(Required)* _____

III. LEGAL & ETHICS HISTORY - *To be completed by all applicants. All applicants are REQUIRED to submit two (2) fingerprint cards and payment of \$38 to the NCBLPC for a state and national criminal background check to be performed.*

- | | |
|---|--|
| <p>1. Have you ever been denied the privilege of taking an occupational licensure or certification examination? If yes, state what type of occupational examination, where, and provide final written decision from the denying Board on a separate sheet of paper.</p> | <p>1.
<input type="checkbox"/>Yes <input type="checkbox"/>No</p> |
| <p>2. Have you ever had any disciplinary action taken against an occupational license or certificate to practice or are any such actions pending? If yes, explain in detail on a separate sheet of paper.</p> | <p>2.
<input type="checkbox"/>Yes <input type="checkbox"/>No</p> |
| <p>3. Have you ever been convicted of a violation of/or pled nolo contendere to any federal, state, or local statute, regulation or ordinance or entered into any plea bargain for violations, except for minor traffic violations? If yes, see below.**</p> | <p>3.
<input type="checkbox"/>Yes <input type="checkbox"/>No</p> |
| <p>4. Within the past four years, have you been unable to engage in the practice of counseling due to a physical and/or emotional dependency or use of alcohol and/or drugs? If yes, please provide a letter from your treating professional summarizing diagnosis, treatment and prognosis.</p> | <p>4.
<input type="checkbox"/>Yes <input type="checkbox"/>No</p> |
| <p>5. Within the past four years, have you been unable to engage in the practice of counseling due to treatment and/or hospitalization for a nervous, emotional or mental disorder? If yes, please provide a letter from your treating professional summarizing diagnosis, treatment and prognosis.</p> | <p>5.
<input type="checkbox"/>Yes <input type="checkbox"/>No</p> |
| <p>6. Have you ever been censured, warned, or requested to withdraw from your practice/employment, terminated from any health care facility, agency, or practice for reasons involving your conduct as a counselor? If yes, please provide an explanation on a separate sheet of paper.</p> | <p>6.
<input type="checkbox"/>Yes <input type="checkbox"/>No</p> |
| <p>7. Have you ever been convicted of an offense involving the taking of illegal drugs or the consumption of alcohol? If yes, see below.**</p> | <p>7.
<input type="checkbox"/>Yes <input type="checkbox"/>No</p> |

** If you answered YES to either Question #3 or Question #7 you are required to provide the following:
 1) A written explanation of the event(s).
 2) A written explanation on how you have dealt with the circumstances that lead up to the event(s).

IV. EDUCATION - *To be completed by all applicants.*

Graduate Institution (Undergraduate Not Required)	Dates of Attendance	Major/Degree Received	Date Degree Conferred
	From To		

V. REFERENCES - *To be completed by all applicants. Please list three individuals (may include supervisors and employers) who are acquainted with your professional counseling work.*

Name, Address, & Phone	Title	Yrs Known

Name of Applicant: (Required) _____

VI. PROFESSIONAL COUNSELING EXPERIENCE - To be completed by all LPC by Endorsement applicants. List below, beginning with your current employment and working back through earlier employment, post-licensure professional counseling experience (use additional sheets if necessary). Send Verification of Professional Experience forms to mental health colleagues (Rule .0213) who can verify your post-licensure experience and have them submit the forms to the Board.

1. Dates of Employment: From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

Full-Time (32-40 hours per week) Part-Time (8-31 hours per week)

Total number of Direct Client Contact Hours _____

Employer Name & Address: _____

Name of Person Verifying Experience: _____

2. Dates of Employment: From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

Full-Time (32-40 hours per week) Part-Time (8-31 hours per week)

Total number of Direct Client Contact Hours _____

Employer Name & Address: _____

Name of Person Verifying Experience: _____

3. Dates of Employment: From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

Full-Time (32-40 hours per week) Part-Time (8-31 hours per week)

Total number of Direct Client Contact Hours _____

Employer Name & Address: _____

Name of Person Verifying Experience: _____

4. Dates of Employment: From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

Full-Time (32-40 hours per week) Part-Time (8-31 hours per week)

Total number of Direct Client Contact Hours _____

Employer Name & Address: _____

Name of Person Verifying Experience: _____

Name of Applicant: (Required) _____

VII. CLINICAL SUPERVISION TRAINING - shall provide an understanding of the purposes, theoretical frameworks, and models of clinical supervision as well as the roles and relationships related to clinical supervision; shall include legal, ethical, and multicultural issues associated with clinical supervision. May be fulfilled through 45 contact hours of continuing education, as defined by Rule .0603(c), in clinical supervision. If using continuing education copies of certificates must be included.

Date Course Was Taken	Course Title / Number	Semester Hours	Quarter Hours

OR

List continuing education activities that are related specifically to clinical supervision. Use additional pages, if necessary.

Date(s)	Title of Activity	Contact Hrs	Approved Provider

VIII. PHOTO



**Please attach passport size photo
with tape on each side**

Photo should be no larger than 2" x 2"

IX. APPLICATION VALIDATION - *To be completed by all applicants.* The following statement must be signed in the presence of a Notary Public. This application is not valid unless properly signed and notarized. Note: Any false or misleading information in, or in connection with, any application may be cause for denial of application.

The undersigned, being sworn (or affirmed), deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every aspect; that he/she will conform to the ethical standards and standards of practice in his/her professional conduct; that he/she had read and understands this affidavit.

The undersigned also understands that the Board has the authority to conduct a full criminal record search, including state and national records.

Applicant's Full Name (PRINTED): _____

Applicant's Signature: _____

Notary Information:

State of _____

City/County of _____

Sworn to (or affirmed) and subscribed before me,

on this, the _____ day of _____, 20____

SEAL

Notary Public:

My Commission Expires: _____

The NCBLPC is charged with the responsibility of reviewing and acting on the applications of qualified persons who are adequately prepared in professional counseling. The Board has no jurisdiction over professions or professionals prepared in other fields that are licensed/certified by other Boards such as Marriage & Family Therapy, Psychology, Fee-Based Pastoral Counseling, Substance Abuse and Social Work.

X. Criminal Background Information

Instructions for Completing the Applicant Fingerprint Card

1. The complete name of the subject is to be listed as indicated: last name, first name, and middle name. Please ensure the name is legible if written.
2. List any and all alias names or nicknames, maiden name, or any other married names.
3. Sex is to be listed as **M** for Male and **F** for Female or **U** for Unknown.
4. Race is to be listed by placing an individual into one (1) of the following categories by writing the appropriate letter in the space provided.
 - W – White
 - B – Black
 - I – American Indian or Alaskan Native
 - A – Asian or Pacific Islander
 - U – Unknown if unsure or unable to determine
5. Indicate the subject's height in feet and inches using all numeric.
Example: 6'01' = 601, 6'11" = 611, 6' = 600
6. Indicate the subject's weight in pounds using all numeric.
Example: 186 or 098, etc.
7. List the subject's eye color by placing one (1) of the following eye color codes in the space provided:
 - BLK—Black GRY—Gray MAR—Maroon
 - BLU—Blue GRN—Green PNK—Pink
 - BRO—Brown HAZ—Hazel XXX—Unknown
8. Color of hair should be indicated by writing one (1) of the following color codes in the space provided:
 - BAL – Bald (when subject has lost most of his hair or is hairless)
 - BLK – Black
 - BLN – Blond or Strawberry
 - BRO – Brown
 - GRY – Gray or partially
 - RED – Red or Auburn
 - SDY – Sandy
9. List the date of birth numerically– month, day and year
Example: May 11, 1948 should be shown as 05111948
10. Indicate, if possible, the city and state where the subject was born. The state should be indicated by the two letter abbreviation.
11. OCA block: NCBLPC000
12. Social Security: write in the Social Security Number
13. Residence of Person Fingerprinted: Current residence of subject fingerprinted is written here.
14. Employer Board Address: NC Board of Licensed Professional Counselors, PO Box 1369, Garner NC 27529
15. Reason Fingerprinted: Licensed Professional Counselor per NCGS 90-345, state and federal.

XI. Authority for Release for Criminal Background Check

AUTHORITY FOR RELEASE OF INFORMATION
State and Federal Record Check

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Special Operations Division, to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the Federal Bureau of Investigation's files for a national criminal history record check in connection with my application for licensure with the North Carolina Board of Licensed Professional Counselors pursuant to NCGS 90-345.

Please type or print clearly; use only black or blue ink.

_____	_____	_____	
Last Name	First Name	Middle Name	

Maiden Name			

_____	_____	_____	_____
Social Security Number (Optional*)	Date of Birth	Gender	Race

I understand that the North Carolina State Bureau of Investigation, Special Operations Division, and its officials and employees shall not be held legally accountable in any way for providing this information to the North Carolina Board of Licensed Professional Counselors, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the North Carolina Board of Licensed Professional Counselors cannot provide the results of this criminal history record check to me.

* Disclosure of a social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history checks.

_____	_____
Signature of Applicant	Date

The Authority for Release of Information, the fingerprint card(s) and the fee must be mailed to:

NCBLPC
PO BOX 77819
Greensboro, NC 27417

ORI # NCBC10000 – North Carolina Board of Licensed Professional Counselors

This request form must be maintained on file with the above named agency for one year.

Do not mail this form or a copy of this form to the State Bureau of Investigation.



Verification of Professional Counseling Experience

[To be completed for LPCS Applicants and Applicants applying by Endorsement]

Indicate to which Applicant this verification form applies:

Name: _____ LPC (# _____) *North Carolina LPCs Only.*
LPC # _____ in the State of _____

Confidentiality Note - The information submitted in this contract is privileged and confidential, and is intended solely for use by the North Carolina Board of Licensed Professional Counselors. N.C.G.S. §132-1.2.

INSTRUCTIONS: FORMS MUST BE MAILED—NO FAXES OR EMAILS

1. **PRINT** or **TYPE** using **BLACK** Ink to complete this verification of professional counseling experience. Person verifying professional counseling experience must be a mental health professional as defined in Rule .0213 and may not be completed by a relative. Use additional pages if needed.
2. **ALL SECTIONS** must be completed or the verification of professional counseling experience will be returned.
3. The verification of professional counseling experience should be enclosed in a sealed envelope and signed across the flap. Mail the signed and sealed envelope to the **NCBLPC Board Office at: NCBLPC, PO Box 77819; Greensboro, NC 27417**

I. GENERAL INFORMATION - *To be completed by the person verifying professional experience for the applicant. Must be a mental health professional.*

Name (Last, First, Middle): _____ Title: _____

Agency: _____ License Type and Number: _____

Mailing Address (Street and/or Box Number, City, State, Zip Code): _____ Business Phone: _____

Email Address: _____ Mobile Phone: _____

II. PROFESSIONAL COUNSELING EXPERIENCE - *(Licensed LPC experience ONLY.)*

Name of Agency where Professional Counseling Experience Occurred: _____

Address (Street and/or Box Number, City, State, Zip Code): _____ Business Phone: _____

Do you have personal knowledge of the experience? Yes _____ No _____

List ONLY professional counseling experience acquired under a LPC/LMHC License.

	From (month/day/year)	To (month/day/year)	Total # of Hours of Direct Client Contact
Full-time (32—40 hours/week)			
Part-time (8—31 hours/week)			

All other licensed or unlicensed experience does not apply.

I verify that the statements in this verification of professional counseling experience are true and correct to the best of my knowledge.

Signature of Person Verifying: _____ Date: _____

SELF-REPORTING NOT ACCEPTABLE

LPC Supervisor –

Instructions for preparing your Professional Disclosure Statement

Per Rule .0801(b) of Chapter 53, Title 21 of the North Carolina Administrative Code –

The LPCS shall provide supervisees with a copy of a Professional Disclosure Statement specific to supervision that includes the following:

- Name, business address, and telephone number.
- The licensee's highest relevant degree, discipline of the degree, year degree received, and name of institution granting the degree.
- Names and numbers of all relevant credentials (licenses, certificates, registrations).
- LPC License and number.
- A license applicant should include a statement indicating that he/she is pursuing licensure as a Licensed Professional Counselor Supervisor in North Carolina.
- List general areas of competence in mental health practice for which the license applicant can provide supervision (e.g. addictions counseling, school counseling, career counseling).
- A statement documenting training in supervision and experience in providing supervision.
- A general statement addressing the model of or approach to supervision, including role of the supervisor, objectives and goals of supervision, and modalities (e.g., tape review, live observation).
- A description of the evaluation procedures used in the supervisory relationship.
- A statement defining the limits and scope of confidentiality and privileged communication within the supervisory relationship.
- A fee schedule, if applicable. If no fee is charged, this must be stated.
- Methods of payment accepted (cash, check, credit card, etc).
- Emergency contact information.
- Statement indicating that the license applicant follows the American Counseling Association's Code of Ethics and the Center for Credentialing and Education's Approved Clinical Supervisor (ACS) Code of Ethics.
- Statement of procedures for registering complaints, including the full name, the address and phone number of the North Carolina Board of Licensed Professional Counselors.
- Signature and date spaces for both the supervisee and the supervisor.

A current copy of this statement shall be provided to each supervisee prior to the performance of supervised counseling services. An updated professional disclosure statement shall be submitted to the Board office at the time of renewal. The supervisor shall retain a file copy of the disclosure statement signed by each supervisee.

The contents of your disclosure statement must be compatible with the Standards of Practice section of your application packet and with your education, training, and scope of experience. This document will be reviewed by the Board prior to approval of your application.

If all of the above items are not included in your statement, it will be returned to you.

Once LPC Supervisor licensure has been issued, the following sections should be removed from your PDS and you need to submit an updated copy to the Board.

- A license applicant should include a statement indicating that he/she is pursuing licensure as a Professional Counselor Supervisor in North Carolina.

Supervision Professional Disclosure Statement

<Full Name, Credentials>

Office: <Number with Area code>

Fax: <Number with Area code>

E-mail: <Email Address if you want supervisees to have one>

Qualifications <In paragraph form, describe the elements below.>

- The licensee's highest relevant degree, discipline of the degree, year degree received, and name of institution granting the degree.
- Names and numbers of all relevant credentials (licenses, certificates, registrations).
- Number of years of counseling and supervision experience.
- A statement documenting training in supervision and experience in providing supervision.
- A license applicant should include a statement indicating that he/she is pursuing licensure as a Licensed Professional Counselor Supervisor in North Carolina. (Prior to receiving LPCS).

Nature of Supervision <Modify to fit your background to describe the nature of supervision>

- A general statement addressing the model of or approach to supervision, including role of the supervisor, objectives and goals of supervision, and modalities (e.g., tape review, live observation).
- A description of the evaluation procedures used in the supervisory relationship.
- According to NC Administrative Code, each supervision must include "raw data from clinical work which is made available to the supervisor through such means as direct (live) observation, co-therapy, audio and video recordings, and live supervision" (21 NCAC 53 .0208).

Counseling Background <In paragraph form, describe the elements below.>

- List general areas of competence in mental health practice for which the license applicant can provide supervision (e.g. addictions counseling, school counseling, career counseling).
- Description of clientele (populations) served.
- Description of services offered (include a brief description of theoretical orientation and types of techniques used).
- Description of areas of competence (such as theoretical orientation and techniques – e.g., play therapy, EMDR, DBT, etc.).

Confidentiality <This section should remain the same>

The issues you discuss in supervision will be confidential with the following exceptions:

- 1) Your performance and conduct in this clinical experience will be described in general terms when I submit quarterly reports and verification of supervision forms to the NC Board of Licensed Professional Counselors and other credentialing boards or when consultation with another professional is necessary.
- 2) If I am asked to provide information about your clinical experience in the form of a recommendation for a job, licensure, or certification.
- 3) Disclosures made in triadic or group supervision cannot be absolutely guaranteed as confidential. Although I will take every measure to encourage confidentiality and act appropriately if confidentiality is not upheld.

Session Fees and Length of Service <In paragraph form, describe the elements below.>

- Length of sessions
- Specific fee charged for each type of session (individual, triadic, and group). If a sliding scale is used, it must be included in full with a blank for the agreed upon fee. If no fee is charged, this must be stated.

- Methods of payment accepted (cash, check, credit card, etc) and information about billing and insurance reimbursement.

Supervisee’s Responsibilities in Supervision <This is an optional section. Complete the section below to fit your preferences.>

- 1) Prepare for and attend sessions.
- 2) Complete homework or assignments.
- 3) Watch videotapes of counseling sessions and complete a tape critique.
- 4) Keep supervisor informed regarding all client issues and progress.
- 5) Maintain liability insurance at all times (minimum \$1M single incident/ \$3M aggregate)
- 6) Complete supervision record at each supervision session.

Supervisor’s Responsibilities in Supervision < This is an optional section. Complete the section below to fit your preferences.>

- 1) Prepare for and attend all sessions.
- 2) Provide feedback each session and a formal evaluation at each quarter and at the end of the supervision contract.
- 3) Review client case notes and other materials for quality control purposes.
- 4) Complete supervision record at each supervision session.
- 5) Maintain licensure as a clinical supervisor in NC and status as a NBCC approved clinical supervisor.

Emergency Contact <Complete section below to fit your preferences.>

In case of emergency, you can reach me by phone (____) _____.

Complaints <This section should remain the same>

I abide by the NBCC, ACA, and NCBLPC Code of Ethics as well as the CCE’s Standards for the Ethical Practice of Clinical Supervision. Although supervisees are encouraged to discuss any concerns with me first, you may file a complaint against me with any of these organizations should you feel I am in violation of any of these codes of ethics.

North Carolina Board of Licensed Professional Counselors
P.O. Box 77819
Greensboro, NC 27417
Phone: 844-622-3572 or 336-217-6007
Fax: 336-217-9450
E-mail: Complaints@ncblpc.org

Supervision Arrangements <Complete the section below to fit your preferences.>

We will meet on the following day and time: _____

Acceptance of Terms <This section should remain the same>

We agree to these terms and will abide by these guidelines.

Supervisee: _____ Date: _____

Supervisor: _____ Date: _____



NORTH CAROLINA BOARD OF LICENSED PROFESSIONAL COUNSELORS

P.O. Box 77819
Greensboro, NC 27417
TELEPHONE: 844-622-3572
FAX: 336-217-9450
<http://www.ncblpc.org>

Jurisprudence Exam Information

This is the official Jurisprudence Exam for the North Carolina Board of Licensed Professional Counselors (NCBLPC). Completion of this Exam is required for all initial counseling licensure in North Carolina as well as for each subsequent renewal period. New applicants and renewing licensees shall submit the Certificate of Completion of this Jurisprudence Exam, which must be taken within six months prior to application for licensure or renewal (NC 21 NCAC 53 .0305).

After completing the exam, NCBLPC applicants and licensees will be able to:

- Explain the functions and duties of the North Carolina Board of Licensed Professional Counselors.
- List the qualifications for licensure for licensed professional counselor supervisors.
- Discuss the state laws and administrative rules regarding training requirements, licensure, and renewal of licenses.
- Apply the ACA Code of Ethics to a variety of clinical practice situations.

For licensees, this Jurisprudence Exam also qualifies for five contact hours of continuing education and fulfills the Ethics requirement for renewal of LPCA, LPC, and LPCS licensure.

For exam material and more information please visit the exam site.
Please be sure to select the appropriate exam for your license type:

[NCBLPC Official Jurisprudence Exam](#)

The exclusive provider of the NCBLPC Jurisprudence Exam is [ContinuingEdCourses.Net](#).

Upon completion of the Exam and successful payment, [ContinuingEdCourses.Net](#) will provide you with a Certificate of Completion, which you can print for free, or you can order a certificate to be mailed to you for an additional fee. You must submit this certificate to the NCBLPC along with your application or renewal form.

Remember, the Jurisprudence Exam must be completed **no more than six months prior to a new license application or renewal of an existing license.**

Please forward questions or concerns regarding the Jurisprudence Exam to lpcinfo@ncblpc.org and Contact@ContinuingEdCourses.Net for technical support.