



North Carolina Board of Licensed Professional Counselors Verification of Graduate Counseling Experience

[To be completed by University Faculty for LPCA/LPC Applicants]

Indicate to which Applicant this verification form applies:

Name: _____

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.

VERIFICATION OF GRADUATE COUNSELING EXPERIENCE INSTRUCTIONS

1. **PRINT** or **TYPE** using **BLACK** Ink to complete this verification of graduate counseling experience. Person verifying graduate counseling experience must be a university faculty member as defined in Rule .0206.
2. **ALL SECTIONS** must be completed or the verification of graduate counseling experience will be returned.
3. The verification of graduate 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 1369, Garner, NC 27529**

I. GENERAL INFORMATION - To be completed by person verifying graduate counseling experience.

Name (Last, First, Middle):

Title:

University:

Department or Program Name:

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

Business Phone:

Email Address:

II. VERIFICATION OF GRADUATE COUNSELING EXPERIENCE - To be completed by person verifying graduate counseling experience.

Name of Agency where Graduate Counseling Experience Occurred:

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

Business Phone:

Were you the University Supervisor for the graduate counseling experience? Yes _____ No _____ If not, explain how you have verified the graduate counseling experience:

Total hours of clinical supervision (Individual/Group) received during graduate counseling experience: _____

	From (month/day/year)	To (month/day/year)	Total Hours of Direct Client Contact/Indirect Client
<input type="checkbox"/> Practicum <input type="checkbox"/> Internship			/
<input type="checkbox"/> Practicum <input type="checkbox"/> Internship			/
<input type="checkbox"/> Practicum <input type="checkbox"/> Internship			/
<input type="checkbox"/> Practicum <input type="checkbox"/> Internship			/
Percentage (Board use only)			

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: _____