



North Carolina Board of Licensed Professional Counselors Licensure Application

Indicate which license you are applying for below:

LPC Associate

LPC (If Applicable: LPCA # _____)

LPC Supervisor (Required: LPC # _____)

Confidentiality Note - The information submitted in this application 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.

APPLICATION INSTRUCTIONS

1. **PRINT** or **TYPE** using **BLACK** Ink to complete this application.
2. Applicants must complete **ALL SECTIONS** that pertain to the licensure they are applying for or the application will be returned..
3. A completed application and other required support documentation are to be mailed in one packet to the Boards' address listed below.
4. The fee for each application is \$100 and must accompany the application when mailed.
5. Application fees are **non**refundable.

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

Name (Last, First, Middle):

Social Security Number: *(required)*

Date of Birth:

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 #	Issued Date	Issued By

Mail completed application to: **NCBLPC ♦ PO Box 1369 ♦ Garner, NC 27529**

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.*

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.
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.
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? ***This includes any convictions or arrests that have been expunged.*** If yes, see below.**
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.
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.
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.
7. Have you ever been convicted of an offense involving the taking of illegal drugs or the consumption of alcohol? If yes, see below.**

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No

** 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).
 3) An official criminal background check.

IV. EDUCATION - *To be completed by all applicants. Official Graduate Transcripts from each of the Universities listed below must be submitted directly to the NCBLPC Board Office from the Graduate Institution.*

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. Graduate Counseling Experience - To be completed by LPCA & LPC applicants ONLY. List below your graduate practicum and internship experiences (use additional sheets if necessary). These experiences should appear on your graduate transcript(s). Send Verification of Graduate Counseling Experience forms to **all** University Faculty/Supervisors listed. If any University Faculty/Supervisors are unavailable to complete the forms, attach a written explanation to your application.

1. Dates of Practicum Internship Total # of weeks: _____ # of hours per week: _____
From: _____ To: _____ Course # and Title: _____
Graduate Institution: _____ University Supervisor: _____
Practicum/Internship Site: _____ Site Supervisor: _____
Position Held/Responsibilities: _____

2. Dates of Practicum Internship Total # of weeks: _____ # of hours per week: _____
From: _____ To: _____ Course # and Title: _____
Graduate Institution: _____ University Supervisor: _____
Practicum/Internship Site: _____ Site Supervisor: _____
Position Held/Responsibilities: _____

3. Dates of Practicum Internship Total # of weeks: _____ # of hours per week: _____
From: _____ To: _____ Course # and Title: _____
Graduate Institution: _____ University Supervisor: _____
Practicum/Internship Site: _____ Site Supervisor: _____
Position Held/Responsibilities: _____

4. Dates of Practicum Internship Total # of weeks: _____ # of hours per week: _____
From: _____ To: _____ Course # and Title: _____
Graduate Institution: _____ University Supervisor: _____
Practicum/Internship Site: _____ Site Supervisor: _____
Position Held/Responsibilities: _____

5. Dates of Practicum Internship Total # of weeks: _____ # of hours per week: _____
From: _____ To: _____ Course # and Title: _____
Graduate Institution: _____ University Supervisor: _____
Practicum/Internship Site: _____ Site Supervisor: _____
Position Held/Responsibilities: _____

Name of Applicant: (Required) _____

VII. SUPERVISED PRACTICE - *To be completed by LPC applicants ONLY.* List below, beginning with your current employment and working back through earlier employment, **all** supervised professional counseling experience (use additional sheets if necessary). Send Verification of Supervised Professional Practice forms to **all** supervisors listed. If any supervisors are unavailable to complete the forms, attach a written explanation to your application.

1. Dates of Employment: From: _____ To: _____ # of hours per week: _____
Employer Name & Address: _____ Supervisor: _____

Supervisor's Title: _____
Position Held/Responsibilities: _____

2. Dates of Employment: From: _____ To: _____ # of hours per week: _____
Employer Name & Address: _____ Supervisor: _____

Supervisor's Title: _____
Position Held/Responsibilities: _____

3. Dates of Employment: From: _____ To: _____ # of hours per week: _____
Employer Name & Address: _____ Supervisor: _____

Supervisor's Title: _____
Position Held/Responsibilities: _____

4. Dates of Employment: From: _____ To: _____ # of hours per week: _____
Employer Name & Address: _____ Supervisor: _____

Supervisor's Title: _____
Position Held/Responsibilities: _____

5. Dates of Employment: From: _____ To: _____ # of hours per week: _____
Employer Name & Address: _____ Supervisor: _____

Supervisor's Title: _____
Position Held/Responsibilities: _____

Name of Applicant: (Required) _____

VIII. PROFESSIONAL COUNSELING EXPERIENCE - To be completed by LPCS applicants ONLY. List below, beginning with your current employment and working back through earlier employment, **all** professional counseling experience. (Use additional sheets if necessary.) Send Verification of Professional Counseling Experience forms to **all** colleagues and employers listed who can verify your professional counseling experience.

1. Dates of Experience: From: _____ To: _____ Full-Time Part-Time
direct counseling hours _____ # of hours per week: _____
Location Name & Address: _____ Colleague/Employer: _____

Position Held/Responsibilities: _____

2. Dates of Experience: From: _____ To: _____ Full-Time Part-Time
direct counseling hours _____ # of hours per week: _____
Location Name & Address: _____ Colleague/Employer: _____

Position Held/Responsibilities: _____

3. Dates of Experience: From: _____ To: _____ Full-Time Part-Time
direct counseling hours _____ # of hours per week: _____
Location Name & Address: _____ Colleague/Employer: _____

Position Held/Responsibilities: _____

4. Dates of Experience: From: _____ To: _____ Full-Time Part-Time
direct counseling hours _____ # of hours per week: _____
Location Name & Address: _____ Colleague/Employer: _____

Position Held/Responsibilities: _____

5. Dates of Experience: From: _____ To: _____ Full-Time Part-Time
direct counseling hours _____ # of hours per week: _____
Location Name & Address: _____ Colleague/Employer: _____

Position Held/Responsibilities: _____

Name of Applicant: (Required) _____

IX GRADUATE COURSES - To be completed by all applicants. Course areas are fully defined in Rule .0701(2) of the Administrative Code and are posted on the Board website. In cases where the course title does not clearly reflect course content, applicants shall provide university course descriptions and/or syllabi for clarification. Each course area must have at least one 3-semester hour course unless otherwise specified.

A. COUNSELING THEORY AND TECHNIQUES - shall provide a general knowledge of theories, their principles, and techniques for application in counseling relationships; shall include crisis intervention and suicide prevention models.

Course Code	Sem/Qtr Completed	Title	Credit Hrs

B. ORIENTATION TO THE COUNSELING PROFESSION - shall provide an understanding of all aspects of functioning as a professional counselor, including a history of the counseling profession, various roles contemporary counselors have in our society, membership in professional counseling associations, self-care strategies appropriate to the counselor role, ethical conduct, standards of preparation, credentialing processes, and counseling supervision models, practices, and processes.

Course Code	Sem/Qtr Completed	Title	Credit Hrs

C. PRACTICUM/INTERNSHIP IN COUNSELING - shall be provided in a university-approved counseling setting for at minimum one (1) semester duration and for academic credit in a regionally accredited program of study. Must have both a practicum and an internship as defined in Rule .0206.

Course Code	Sem/Qtr Completed	Title	Credit Hrs

D. APPRAISAL - shall include studies that provide a broad understanding of historical perspectives concerning the nature and meaning of assessment as well as basic concepts of standardized and non-standardized testing and other assessment techniques.

Course Code	Sem/Qtr Completed	Title	Credit Hrs

Name of Applicant: *(Required)* _____

IX. GRADUATE COURSES (cont'd) - *To be completed by all applicants.* Course areas are fully defined in Rule .0701(2) of the Administrative Code and are posted on the Board website. In cases where the course title does not clearly reflect course content, applicants shall provide university course descriptions and/or syllabi for clarification. Each course area must have at least one 3-semester hour course unless otherwise specified.

E. CAREER, VOCATIONAL AND LIFESTYLE DEVELOPMENT - shall include studies that provide a broad understanding of career development theories and decision-making models as well as career and educational planning, placement, follow-up, and evaluation.

Course Code	Sem/Qtr Completed	Title	Credit Hrs

F. GROUP WORK - shall include studies that provide a broad understanding of group development, dynamics, methods, and counseling theories; shall help students understand group leadership styles, basic and advanced group skills, and other aspects of group counseling and group consultation.

Course Code	Sem/Qtr Completed	Title	Credit Hrs

G. HUMAN GROWTH AND DEVELOPMENT - shall provide a broad understanding of human behavior, including an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.

Course Code	Sem/Qtr Completed	Title	Credit Hrs

H. RESEARCH - shall include studies that provide a broad understanding of the importance of research in advancing the counseling profession; study of research methodology, statistical methods, the use of research to inform evidence-based practice; and ethical and culturally relevant strategies for interpreting and reporting the results of research and/or program evaluation studies.

Course Code	Sem/Qtr Completed	Title	Credit Hrs

Name of Applicant: (Required) _____

IX. GRADUATE COURSES (cont'd) - *To be completed by all applicants.* Course areas are fully defined in Rule .0701(2) of the Administrative Code and are posted on the Board website. In cases where the course title does not clearly reflect course content, applicants shall provide university course descriptions and/or syllabi for clarification.

I. SOCIAL AND CULTURAL FOUNDATIONS - shall provide an understanding of theories of multicultural counseling, identity development, and social justice while examining multicultural and pluralistic trends, including characteristics and concerns within and among diverse groups nationally and internationally.

Course Code	Sem/Qtr Completed	Title	Credit Hrs

This section to be completed by LPCS Applicants ONLY.

J. 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.

Course Code	Sem/Qtr Completed	Title	Credit Hrs

OR

Date(s)	Title of Activity	Contact Hrs	Approved Provider

Name of Applicant: (Required) _____

X. STANDARDS OF PRACTICE - *To be completed by all applicants.* The standards of practice limit your practice to your demonstrated areas of competence. These are the areas that are listed on your disclosure statement as the services you are able to provide. Please list below your specialized areas of practice that can be supported by documented training or education.

A. CLIENT POPULATION(S) - i.e., children, adolescents, adults, families, couples, etc.

B. COUNSELING APPROACH USED - i.e., cognitive-behavioral, multi-systemic, psychodynamic, person centered, etc.

C. ASSESSMENT INSTRUMENTS USED - i.e., Mental Status Exam, SAD Persons Suicide Risk, Burn's Anxiety Scale, etc.

D. EDUCATIONAL TRAINING - i.e. graduate courses, certifications, continuing education, etc.

Name of Applicant: (Required) _____

XI. PHOTO AND 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. While not validating the content of the photograph, the seal of the notary must appear partially on the photograph attached below.



**Seal of Notary
← must be partially on
attached photograph**

The undersigned, being sworn, 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 _____
On this, the _____ day of _____, 20____
My commission expires: _____
Notary Public: _____

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.

Mail completed application to: NCBLPC ♦ PO Box 1369 ♦ Garner, NC 27529