

PRINT LEGIBLY OR TYPE

NAME: _____
Last FIRST MIDDLE

ASSOCIATE LICENSED COUNSELOR (ALC)

**APPLICATION
to the
ALABAMA BOARD OF
EXAMINERS IN COUNSELING**

I have included all the information required for consideration for Associate Licensed Counselor (ALC) licensure as contained in the application form. I understand that the Board is free to document any education, clinical and professional experience, and professional memberships through the Board's own means. I understand that the Board's minimum academic requirements must be fulfilled before I can be tested for licensure, begin to accrue supervised experience, or accrue post-master's academic work used to substitute for post-master's supervised experience.

Submitted with this application is the announced application fee of \$200.00. (Payment should be by check or money order payable to the Alabama Board of Examiners in Counseling.) PLEASE NOTE THE APPLICATION FEE IS NOT REFUNDABLE UNDER ANY CONDITION. When my application is approved, I will be admitted to take the required examination for which an additional fee will be charged. I understand that I may register to take the examination upon approval from the Board or may opt to take the examination upon completion of the experience requirement. When the Board has verified compliance with the academic requirement and the Proposed Plan of Supervision has been approved, the Associate Licensed Counselor (ALC) license will be issued upon payment of the \$150.00 licensure fee. SUBMIT ONLY AN APPLICATION FEE AT THIS TIME. Upon Board approval for examination or licensure, the Board will notify you of the required fee payment.

I have requested my university(ies) to send the Board transcripts of my entire graduate training. (Courses not taken as part of a course of study and which did not contribute materially toward a degree or special training in counseling need not be included.)

I have requested that three (3) recommendation forms (see Page 6, Item 19) be sent to the Board. At least two of the recommendations must be from supervisors listed on Page 5 under Section 18 (Professional/Clinical Experience). It is recommended that the third reference be a professor from your academic program or someone very familiar with your counseling skills.

Please note the application process could take a minimum of three months.

I UNDERSTAND THAT I MAY NOT ENGAGE IN THE PRACTICE OF COUNSELING UNTIL MY ALC LICENSE HAS BEEN ISSUED BY THE BOARD.

17. It is your responsibility to have three (3) recommendation forms completed by persons familiar with your counseling competence and returned by them to the Board office. At least two (2) of the recommendations must be from the supervisors listed on page 5 (#16, Professional/Clinical Experience). It is recommended that the third reference be a professor from your academic program or someone very familiar with your counseling skills.

18. Identify the person who has agreed to supervise your counseling activities under the Proposed Plan of Supervision.

| | |
|------|-----------------------------------|
| Name | ABEC Supervising Counselor Number |
|------|-----------------------------------|

Address

A Proposed Plan of Supervision must be submitted and approved by the Board before an Associate Licensed Counselor license will be issued. Refer to Administrative Code Chapter 255-X-3-.02.

IMPORTANT NOTICE

Active pursuit of application for licensure is expected. Applications not resulting in licensure are deemed to be temporary Board records. These records are retained three (3) years after the end of the fiscal year in which the records were created. The creation date of the file will be the initial date of receipt of the application.

THE AFFIDAVIT ON THE FOLLOWING PAGE MUST BE SIGNED AND NOTARIZED

AFFIDAVIT

I authorize the Alabama Board of Examiners in Counseling to make such inquiry as necessary in validating information contained in this application. I understand that the Board has final decision and authority with reference to this application.

I understand that any false or misleading information in connection with this application may be cause for rejection of the application, revocation of the license and/or possible legal action for such fraudulent information.

STATE OF: _____

COUNTY OF: _____

The undersigned swears/affirms that he/she is over the age of 19 years, is the person who executed this application; that the statements contained herein are true in every respect; that he/she has not suppressed any information that might affect this application; that he/she has read and will conform to the *Code of Ethics and Standards of Practice* of the Alabama Board of Examiners in Counseling; and that he/she has read and understands this affidavit.

_____(Signature of Applicant)

_____(Applicant's Address)

_____(City, State, Zip)

Sworn before me this _____ day of _____, 20_____.

_____(Signature of Notary Public)

_____(My Commission Expires)

Submit this application and fee to:

Alabama Board of Examiners in Counseling
950 22nd Street North, Suite 765
Birmingham, AL 35203