

Name: _____
Last First Middle

**LICENSED PROFESSIONAL COUNSELOR (LPC)
APPLICATION
to the
ALABAMA BOARD OF
EXAMINERS IN COUNSELING**

IMPORTANT NOTICE: ONLY PERSONS POSSESSING A CURRENT LICENSE FROM ANOTHER STATE COUNSELING BOARD SHOULD COMPLETE THIS APPLICATION

All applicants must obtain a copy of the Board's *Administrative Code* and *Code of Ethics and Standards of Practice*. You will find these documents under the "Laws and Rules" link on our website: abec.alabama.gov.

I am applying for Licensed Professional Counselor (LPC) licensure in the state of Alabama through the endorsement of my current license which was issued by another state. (See Chapter 255-X-10-.02 of the *Administrative Code*.) An endorsement review seeks to establish an equivalency of the requirements under which my current license was originally issued and the Alabama requirements for licensure in place at that same time. (See Page 4 of this application.) In the event a comparison of these rules reveals a lack of equivalency, I must provide documentation to the Alabama Board of Examiners in Counseling to verify the content of my academic course work.

I have requested the Board/Agency under which I am currently licensed forward to the Alabama Board of Examiners in Counseling a written license verification to include: (a) License designation (e.g., LPC, LMHC); (b) Original issue date; (c) Expiration date; (d) Status of license (e.g., active, inactive, expired, etc.); and (e) Disciplinary actions to include a copy of any orders issued. I have also requested the Board/Agency forward a copy of the requirements/Administrative Rules used to grant my original license in that state.

A passing score on the National Counselor Examination for Licensure and Certification (NCE) is a requirement for LPC licensure in Alabama. The applicant should request that an official verification of a passing score on any licensure examination taken but submitted to the Alabama Board for consideration.

I have requested my university(ies) send to the Board transcripts of my entire graduate training. (Verification of continuing education activities is not required.) Work experience cannot be substituted for academic course work.

Submitted with this application is the application fee of \$200.00. (Payment should be by check or money order payable to the Alabama Board of Examiners in Counseling.) THE APPLICATION FEE IS NOT REFUNDABLE UNDER ANY CONDITION. At the time of final approval of my application by the Board, a license will be issued upon payment of the appropriate biennial license fee of \$300.00. **SUBMIT ONLY THE APPLICATION FEE AT THIS TIME.**

I have requested that three (3) recommendation forms be sent to the Board. At least two of the recommendations must be from supervisors of your clinical experience. The third reference should be from someone very familiar with your counseling skills. I have also attached a copy of my curriculum vitae.

PERSONAL AND BACKGROUND INFORMATION

Date of Application: _____

Social Security No.: _____

NAME _____ NAME ON TRANSCRIPT _____

Last First Middle

Have you ever used another name? _____ If so, state it: _____

I have completed and included the Proof of Citizenship (POC) form. Yes No

List home and business address and check box to indicate address the Board will use for corresponding with you and will also appear on the roster on our website.

2. Home Address _____
Street City State Zip

Business Address _____
Organization Name Date Employed Your Title

Street City State Zip

3. Phone: _____
Business (Include Area Code & Extension) Home (Include Area Code)

4. Fax: _____ E-Mail _____
(Include Area Code)

5. Have you ever been refused licensure or certification, voluntarily surrendered licensure or certification, or had your license suspended by any counseling or counseling related Board? _____Yes _____No. If yes, attach explanation on separate sheet.

6. Have you every been convicted of a felony or any offense involving moral turpitude? _____Yes ____No. If yes, specify offense. _____

7. Have you used any narcotics or any alcoholic beverage to the extent or in a manner dangerous to any other person or the public, or to an extent that it impairs your ability to perform the work of a professional counselor with safety to the public? _____Yes _____No

8. Have you been legally adjudicated mentally incompetent? _____Yes _____No. If yes, attach explanation on separate sheet.

9. Have you ever been censured or judged guilty of any unethical practices by a professional organization of which you were a member? _____Yes _____No. If yes, attach explanation on separate sheet.

10. Have you read and are you familiar with the *Administrative Code* and *Code of Ethics and Standards of Practice* of the Alabama Board of Examiners in Counseling? _____Yes _____No

11. Are you willing to follow the *Administrative Code* and *Code of Ethics and Standards of Practice* of the Alabama Board of Examiners in Counseling? _____Yes _____No

12. List the names of the professional organizations in which you currently hold membership:

13. List all current counseling licenses held by applicant.

License #1 _____
License # State Designation (e.g., LPC, LMHC)

Original Issue Date Expiration Date

License #2 _____
License # State Designation (e.g., LPC, LMHC)

Original Issue Date Expiration Date

License #3 _____
License # State Designation (e.g., LPC, LMHC)

Original Issue Date Expiration Date

14. List any other professional licenses ever issued to applicant:

License #1 _____
License # State Designation (e.g., Counselor, Teacher, Nurse)

Original Issue Date Expiration Date

License #2 _____
License # State Designation (e.g., Counselor, Teacher, Nurse)

Original Issue Date Expiration Date

License #3 _____
License # State Designation (e.g., Counselor, Teacher, Nurse)

Original Issue Date Expiration Date

15. I have requested the Board/Agency that issued the current license(s) in Item 13 above send to the Alabama Board of Examiners in Counseling a copy of the state regulations used to issue the original license. ____ Yes ____ No. If no, attach explanation on separate sheet.

16. I have requested the Board/Agency issuing the license(s) in Item 14 above to send written license verification(s) to the Alabama Board of Examiners in Counseling. _____ Yes _____ No. If no, attach explanation on separate sheet.

17. **Endorsement** – A review to establish equity and equivalency of the current counseling license by comparing requirements under which the current license was originally issued and the Alabama requirements in place at that same time.

Equivalency Category One	Equivalency Category Two	Equivalency Category Three
<p>Applies if current license issued between 1/1/80 – 8/31/94 Alabama Regulations</p> <p><u>Academic</u> -Master’s degree from regionally accredited institution - Minimum 30 semester hours or 45 quarter hours -Only graduate-level course work applies</p> <p>-Three (3) specific course topics required: -Counseling Theory -Testing/Appraisal -Practicum/Internship</p> <p><u>Examination</u> -Passing score Professional Examination Service Exam or -Passing score on National Counselor Examination or -Acceptable substitution for NCE (e.g., NMHCE, state examination)</p> <p><u>Supervised Experience</u> 3 years of supervised experience in counseling (one year prior to Master’s degree allowed)</p>	<p>Applies if current license issued between 9/1/94 – 8/31/03 Alabama Regulations</p> <p><u>Academic</u> -Master’s degree from regionally accredited institution -Minimum 30 semester hours or 45 quarter hours -Only graduate-level course work applies</p> <p>-Eleven (11) specific course content Areas required: -Counseling Theory -Human Growth & Dev. -Social/Multicultural -Helping Relationship -Group Dynamics -Lifestyle/Career Dev. -Testing/Appraisal -Research & Evaluation -Professional Orientation -Practicum(100 hrs/40 direct service -Internship(600 total hrs./240 direct service)</p> <p><u>Examination</u> -Passing score on National Counselor Examination -Acceptable substitution for NCE (e.g., NMHCE, state examination, etc.)</p> <p><u>Supervised Experience</u> -3000 hours of supervised experience (to include 2250 direct service hours and 750 indirect service hours) under the supervision of a Supervising Counselor</p>	<p>Applies if current license issued between 9/1/03 – Present Alabama Regulations</p> <p><u>Academic</u> -Master’s degree from regionally accredited institution -Minimum 48 semester hours or 72 quarter hours -Only graduate-level course work applies</p> <p>-Eleven (11) specific course content Areas required: -Counseling Theory -Human Growth & Dev. -Social/Multicultural -Helping Relationship -Group Dynamics -Lifestyle/Career Dev. -Testing/Appraisal -Research & Evaluation -Professional Orientation -Practicum(100 hrs/40 direct service) Internship (600 hrs/240 direct service)</p> <p><u>Examination</u> -Passing score on National Counselor Examination -Acceptable substitution for NCE (e.g., NMHCE, state examination, etc.)</p> <p><u>Supervised Experience</u> -3000 hours of supervised experience (to include 2250 hours of direct service hours and 750 indirect service hours) under the supervision of a Supervising Counselor</p>

18. Determine the Equivalency Category in above Item 17 that applies to the original issue date of your current license and mark the box below:

- Equivalency Category One – 1/1/80 – 8/31/94
- Equivalency Category Two – 9/1/94 – 8/31/03
- Equivalency Category Three – 9/1/03 - Present

19. Academic Degree(s) or Course Work:

Name of Institution	Degree Awarded & Date	CACREP/CORE Accredited At Graduation (Indicate Yes/No)	Graduate Hours Earned (Indicate Semester/Quarter Hours)

20. If academic degrees in above Item 19 were not CACREP/CORE accredited and the Board/Agency issuing your current license did not conduct a content review of your course work for licensure purposes, indicate that you are forwarding syllabi of your courses to the Alabama Board of Examiners in Counseling. _____Yes _____No (Syllabus date must correspond to entry on the official transcript.)

21. I am also forwarding to the Alabama Board of Examiners in Counseling for the purpose of verifying course content the following:

- Practicum Logs
 Internship Logs
 Other(specify)_____

22. I have requested an official copy of my passing score on the _____ licensure examination be forwarded to the Alabama Board of Examiners in Counseling by_____.

23. WORKSHEET FOR REPORTING COURSE WORK

All applicants must complete this worksheet and in addition, authorize academic institution to send, directly to the Alabama Board of Examiners in Counseling, an official transcript. Refer to Administrative Code Section 255-X-3-.01 for course descriptions.

Work experience may not be substituted for academic course work.

<u>COURSE NAME & NUMBER</u>	<u>COURSE HOURS</u>	<u>INSTITUTION</u>
I. COUNSELING THEORY		
_____	_____	_____
_____	_____	_____
_____	_____	_____
II. HUMAN GROWTH & DEVELOPMENT		
_____	_____	_____
_____	_____	_____
_____	_____	_____
III. SOCIAL/MULTICULTURAL FOUNDATIONS		
_____	_____	_____
_____	_____	_____
_____	_____	_____
IV. HELPING RELATIONSHIP		
_____	_____	_____
_____	_____	_____
_____	_____	_____
V. GROUP DYNAMICS		
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTINUED ON PAGE 7

VI. LIFESTYLE/CAREER DEVELOPMENT

VII. APPRAISAL OF INDIVIDUALS

VIII. RESEARCH & EVALUATION

IX. PROFESSIONAL ORIENTATION

X. PRACTICUM (100 Clock Hours Required)

XI. INTERNSHIP (600 Clock Hours Required)

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.

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 I may not engage in the private practice of counseling until my Alabama LPC license has been issued by the Board.

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 the 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 completed application and fee to:

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