



Alabama Board of Examiners in Counseling

2777 Zelda Road • Montgomery, Alabama 36106

LICENSED PROFESSIONAL COUNSELOR (LPC) ENDORSEMENT LICENSE APPLICATION

IMPORTANT NOTICE:

ONLY PERSONS POSSESSING A CURRENT MENTAL HEALTH LICENSE FROM ANOTHER STATE COUNSELING BOARD SHOULD COMPLETE THIS APPLICATION

- ▶ An endorsement review seeks to establish an equivalency of the requirements under which your current license was originally issued and the Alabama requirements for licensure in place at that same time (see Equivalency Categories on page 7 of this application). In the event a comparison of these rules reveals a deficit of equivalency, the applicant must provide documentation to the Alabama Board of Examiners in Counseling (ABEC) to verify the content of their academic course work and hours of supervised experience.
 - **It is the responsibility of the applicant to provide documentation that they completed, within their supervised experience for licensure, 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. These hours cannot be counted from practicum or internship used to satisfy the course content areas of this application, nor from work experience after licensure was obtained (see page 7 of this application).**
- ▶ All applicants should obtain a copy of the ABEC's Code of Alabama, the Administrative Rules, and the Code of Ethics and Standards of Practice. These are available on the ABEC website: abec.alabama.gov
- ▶ Submitted with this application is all the information required for consideration for Licensed Professional Counselor (LPC) licensure as contained in the application form.
- ▶ With the submission of this application the ABEC (the Board) is free to document and verify any information provided in this application through the Board's own means, including any of my education, clinical and professional experience, professional memberships, and background information.
- ▶ Submitted with this application is the required 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.
 - SUBMIT ONLY THE \$200.00 APPLICATION FEE AT THIS TIME. Upon final Board approval of this application, the Board will notify you of the required licensure fee payment.
- ▶ Please note the application process could take a minimum of three (3) months.
- ▶ UNDERSTAND THAT YOU MAY NOT ENGAGE IN THE PRACTICE OF COUNSELING UNTIL YOUR LPC LICENSE HAS BEEN ISSUED BY THE BOARD.



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A COMPLETE LICENSURE ENDORSEMENT APPLICATION PACKET MUST INCLUDE:

- 1) Complete, *with signatures*, LPC Endorsement License Application Form
- 2) Application fee of \$200.00
 - a) Make check or money order payable to: Alabama Board of Examiners in Counseling
 - b) To comply with directives from the Examiners of Public Accounts, the ABEC will deposit all checks upon receipt. **Deposit of the renewal fee does not constitute or confirm approval of your license.**
 - c) PLEASE NOTE THE APPLICATION FEE IS NOT REFUNDABLE UNDER ANY CONDITION.
- 3) Official transcripts from all attended colleges/universities of any graduate training sent directly to the Board (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.)
- 4) Documentation from the Board/Agency that issued your current license(s) forwarded directly to the ABEC containing a written license verification to include: 1) license designation [e.g., LPC, LMHC], 2) original issue date, 3) expiration date, 4) status of license [e.g., active, inactive, expired], 5) any disciplinary actions to include a copy of any orders issued.
- 5) Documentation that you have completed the ABEC required 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. Options to document this may include:
 - a) A copy of the Requirements/Administrative Rules of the state that were in effect at the time of your licensure and were used to grant your original license in that state, and highlight the pertinent parts of those Requirements/Administrative Rules that verify your supervised hours, or
 - b) Other documentation of completion of supervised hours, specifically showing the ABEC required 3000 hours of supervised experience (to include 2250 hours of *direct* service hours and 750 *indirect* service hours)
- 6) Worksheet for Reporting Course Work
- 7) Three (3) Recommendation Forms (official ABEC Recommendation Form only)
 - a) At least two of the recommendations should be from current or former supervisors. It is recommended that the third reference be someone very familiar with your counseling skills.
- 8) A passing score on the National Counselors Examination for Licensure and Certification (NCE) is required for LPC licensure in Alabama. These scores should be requested from NBCC to be sent directly to the ABEC. If the applicant did not take the NCE they will need to 1) document the licensure examination they did take (including date and score), or 2) take and pass the NCE.
- 9) Proof of Citizenship Form (PoC)



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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.

PERSONAL AND BACKGROUND INFORMATION

▶ Date of Application: _____ Social Security No.: _____

▶ Applicant's Name (last/first/middle): _____ DOB: _____

▶ Have you ever used another name? Yes No If yes, list below:

1) _____ 3) _____

2) _____ 4) _____

▶ Name(s) used on transcripts: _____

▶ Are you currently active duty in military or the spouse of active duty military? Yes No
If yes, supply supporting documentation.

▶ List home and business contact information. Check box to indicate address you wish Board to use for corresponding with you AND that will also appear on the roster on our website.

Home (street): _____

(city, state, zip): _____

Phone (incl. area code): _____ Email: _____

Business (organization name): _____

(street): _____

(city, state, zip): _____

Phone (incl. area code & ext.): _____ Email: _____

Title/Position: _____



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- ▶ Are you, or have you ever been, licensed by any other professional licensing board aside from the ABEC?....
..... Yes No

If yes, list type of license, state, license number, and original issue date.

- 1) _____
- 2) _____
- 3) _____

- ▶ Answer the following and provide any necessary documentation.

- 1) Have you 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.

- 2) Have you been convicted of a felony or any offense involving moral turpitude? Yes No
If yes, attach explanation on separate sheet with a copy of your Case Action File and case disposition for your arrest.

- 3) 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

- 4) Have you ever been legally adjudicated mentally incompetent? Yes No
If yes, attach explanation on separate sheet.

- 5) 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.

- 6) Do you agree to abide by the current Code of Alabama, the ABEC Administrative Rules, and the ABEC Code of Ethics and Standards of Practice? Yes No

- ▶ List the names of the professional organizations in which you currently hold membership.

- 1) _____
- 2) _____
- 3) _____



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PROFESSIONAL LICENSURE

► List all CURRENT counseling licenses held by the applicant.

1) License (e.g., LPC, LMHC, LCPC, LPCC, LCMHC, etc.): _____

License No.: _____ State: _____

Issue Date: _____ Expiration Date: _____

Status: _____

Disciplinary Actions (if any): _____

2) License (e.g., LPC, LMHC, LCPC, LPCC, LCMHC, etc.): _____

License No.: _____ State: _____

Issue Date: _____ Expiration Date: _____

Status: _____

Disciplinary Actions (if any): _____

3) License (e.g., LPC, LMHC, LCPC, LPCC, LCMHC, etc.): _____

License No.: _____ State: _____

Issue Date: _____ Expiration Date: _____

Status: _____

Disciplinary Actions (if any): _____



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▶ Have you requested the Board/Agency that issued the current license(s) 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.

▶ List ANY other professional mental health licenses ever issued to the applicant.

1) License (e.g., LPC, LMHC, LCPC, LPCC, LCMHC, etc.): _____

License No.: _____ State: _____

Issue Date: _____ Expiration Date: _____

Status: _____

Disciplinary Actions (if any): _____

2) License (e.g., LPC, LMHC, LCPC, LPCC, LCMHC, etc.): _____

License No.: _____ State: _____

Issue Date: _____ Expiration Date: _____

Status: _____

Disciplinary Actions (if any): _____

3) License (e.g., LPC, LMHC, LCPC, LPCC, LCMHC, etc.): _____

License No.: _____ State: _____

Issue Date: _____ Expiration Date: _____

Status: _____

Disciplinary Actions (if any): _____



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- ▶ Have you requested the Board/Agency issuing the license(s) above to send written license verification(s) to the Alabama Board of Examiners in Counseling? Yes No
If no, attach explanation on separate sheet.

ENDORSEMENT

- ▶ Determine the Equivalency Category in the chart below that applies to the original issue date of your current license and mark the box for the correct category.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equivalency Category ONE	Equivalency Category TWO	Equivalency Category THREE
Applies if current license issued between 1/1/80 – 8/31/94 Alabama Regulations	Applies if current license issued between 9/1/94 – 8/31/03 Alabama Regulations	Applies if current license issued between 9/1/03 – Present Alabama Regulations
ACADEMIC	ACADEMIC	ACADEMIC
<ul style="list-style-type: none"> ▪ Master’s degree from regionally accredited institution ▪ Minimum 30 semester hours or 45 quarter hours ▪ Only graduate-level course work applies ▪ Three (3) specific course topics required: <ul style="list-style-type: none"> ○ Counseling Theory ○ Testing/Appraisal ○ Practicum/Internship 	<ul style="list-style-type: none"> ▪ Master’s degree from regionally accredited institution ▪ Minimum 30 semester hours or 45 quarter hours ▪ Only graduate-level course work applies ▪ Eleven (11) specific course content areas required: <ul style="list-style-type: none"> ○ Counseling Theory ○ Group Dynamics ○ Helping Relationship ○ Human Growth & Development ○ Lifestyle/Career Development ○ Professional Orientation ○ Research & Evaluation ○ Social/Multicultural Foundations ○ Testing/Appraisal ○ Practicum (100 hrs./40 direct service) ○ Internship (600 total hrs./240 direct service) 	<ul style="list-style-type: none"> ▪ Master’s degree from regionally accredited institution ▪ Minimum 48 semester hours or 72 quarter hours ▪ Only graduate-level course work applies ▪ Eleven (11) specific course content areas required: <ul style="list-style-type: none"> ○ Counseling Theory ○ Group Dynamics ○ Helping Relationship ○ Human Growth & Development ○ Lifestyle/Career Development ○ Professional Orientation ○ Research & Evaluation ○ Social/Multicultural Foundations ○ Testing/Appraisal ○ Practicum (100 hrs./40 direct service) ○ Internship (600 total hrs./240 direct service)
EXAMINATION	EXAMINATION	EXAMINATION
<ul style="list-style-type: none"> ▪ Passing score on Professional Examination Service Exam OR ▪ Passing score on National Counselor Examination OR ▪ Acceptable substitution for NCE (e.g., NCMHCE, state examination) 	<ul style="list-style-type: none"> ▪ Passing score on National Counselor Examination ▪ Acceptable substitution for NCE (e.g., NCMHCE, state examination, etc.) 	<ul style="list-style-type: none"> ▪ Passing score on National Counselor Examination ▪ Acceptable substitution for NCE (e.g., NCMHCE, state examination, etc.)
SUPERVISED EXPERIENCE	SUPERVISED EXPERIENCE	SUPERVISED EXPERIENCE
<ul style="list-style-type: none"> ▪ Three years of supervised experience in counseling (one year prior to Master’s degree allowed) 	<ul style="list-style-type: none"> ▪ 3000 hours of supervised experience (to include 2250 <i>direct</i> service hours and 750 <i>indirect</i> service hours) under the supervision of a Supervising Counselor 	<ul style="list-style-type: none"> ▪ 3000 hours of supervised experience (to include 2250 hours of <i>direct</i> service hours and 750 <i>indirect</i> service hours) under the supervision of a Supervising Counselor



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ACADEMIC COURSE WORK

- The Worksheet for Reporting Course Work must also be completed for evaluating academic training.

1) Institution: _____

Address (street): _____

(city, state, zip): _____

CACREP/CORE Accredited? Yes. Program accreditation start date: _____
 No. Provide documentation of coursework, preferably syllabi.

Dates Attended (mo/yr – mo/yr): _____ Degree Received: _____

Date Degree Conferred: _____ Major/Minor: _____

This program's courses were taught in Semester-hours Quarter-hours Other: _____

2) Institution: _____

Address (street): _____

(city, state, zip): _____

CACREP/CORE Accredited? Yes. Program accreditation start date: _____
 No. Provide documentation of coursework, preferably syllabi.

Dates Attended (mo/yr – mo/yr): _____ Degree Received: _____

Date Degree Conferred: _____ Major/Minor: _____

This program's courses were taught in Semester-hours Quarter-hours Other: _____

3) Institution: _____

Address (street): _____

(city, state, zip): _____

CACREP/CORE Accredited? Yes. Program accreditation start date: _____
 No. Provide documentation of coursework, preferably syllabi.

Dates Attended (mo/yr – mo/yr): _____ Degree Received: _____

Date Degree Conferred: _____ Major/Minor: _____

This program's courses were taught in Semester-hours Quarter-hours Other: _____



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4) Institution: _____

Address (street): _____

(city, state, zip): _____

CACREP/CORE Accredited? Yes. Program accreditation start date: _____
 No. Provide documentation of coursework, preferably syllabi.

Dates Attended (mo/yr – mo/yr): _____ Degree Received: _____

Date Degree Conferred: _____ Major/Minor: _____

This program's courses were taught in Semester-hours Quarter-hours Other: _____

5) Institution: _____

Address (street): _____

(city, state, zip): _____

CACREP/CORE Accredited? Yes. Program accreditation start date: _____
 No. Provide documentation of coursework, preferably syllabi.

Dates Attended (mo/yr – mo/yr): _____ Degree Received: _____

Date Degree Conferred: _____ Major/Minor: _____

This program's courses were taught in Semester-hours Quarter-hours Other: _____

▶ For the purpose of verifying course content, I am forwarding to the Alabama Board of Examiners in Counseling the following:

- Practicum Logs
- Internship Logs
- Other (specify): _____

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

(Examinations scores must be directly forwarded by the testing agency and cannot be provided by another state licensing board.)



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AFFIDAVIT

Must be signed and notarized.

- ▶ 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.
- ▶ I understand that failure to comply with the Code of Alabama, the ABEC Administrative Rules, and the ABEC Code of Ethics and Standards of Practice may affect my licensure status with ABEC.
- ▶ I, the undersigned swear/affirm that I am over the age of 19 years, am the person who executed this application; that the statements contained herein are true in every respect; that I have not suppressed any information that might affect this application; that I have read and will conform to the current Code of Alabama, the ABEC Administrative Rules, and the ABEC Code of Ethics and Standards of Practice; and that I have read and understand this affidavit.

Applicant (sign): _____ (print): _____

Address (street): _____

(city, state, zip): _____

Phone (incl. area code): _____ Email: _____

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

Notary Public (sign): _____ (print): _____

My commission expires: _____

SUBMIT THIS APPLICATION AND FEE TO:

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