



# Alabama Board of Examiners in Counseling

2777 Zelda Road • Montgomery, Alabama 36106

## **ASSOCIATE LICENSED COUNSELOR (ALC) INITIAL LICENSE APPLICATION**

With the submission of this application, I understand and agree that:

- a) 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.
- b) 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.
- c) when my application is accepted and my academic review approved, I will be approved by ABEC to take the required examination for which an additional fee will be charged.
- d) when the Board has verified compliance with the academic requirement and the Proposed Plan of Supervision has been approved, my application will be reviewed by the Board. If approved by Board vote, the Associate Licensed Counselor (ALC) license will be issued upon payment of the \$150.00 licensure fee.
- e) the application process could take several months.
- f) **I may not engage in the practice of counseling until my ALC license has been issued by the Board.**

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.

Beginning January 1, 2022, a master's degree in counseling is defined as a minimum of sixty (60) graduate semester hours or ninety (90) graduate quarter hours at a regionally accredited college or university (e.g. Southern Association of Colleges and Schools). **A master's degree is defined as a single conferred/awarded master's degree in counseling (clinical counseling/clinical mental health counseling; rehabilitation counseling; marriage, couple, and family counseling; community/guidance counseling; or school counseling).** That master's degree must consist of at least sixty (60) graduate semester hours, or ninety (90) graduate quarter hours, and containing the academic areas specified below in paragraph 2(b). *No less than these hourly requirements and academic areas in a single program will be accepted.*

Multiple degrees cannot be used to meet the academic requirements for licensure. The Board does not accept additional course work added on to fulfill the academic areas after the completion of the degree, and additional coursework or degrees will not be considered.



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## A COMPLETE ALC APPLICATION PACKET MUST INCLUDE:

- 1) Complete, *with signatures*, ALC Initial 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 application fee does not constitute or confirm approval of your application or license.**
  - c) PLEASE NOTE THE APPLICATION FEE IS NOT REFUNDABLE UNDER ANY CONDITIONS.
- 3) Official transcripts of any graduate training from all attended colleges/universities 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, if applicable, from the Board/Agency that issued your past and 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) Worksheet for Reporting Course Work
- 6) Proof of Citizenship Form (PoC)
- 7) Proposed Plan of Supervision (PPoS)
  - a) 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.



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## 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: \_\_\_\_\_

▶ Are you or have you ever been licensed by any other professional licensing board? .....  Yes  No  
If yes, list type of license, state, license number, and original issue date.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_



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- ▶ 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) \_\_\_\_\_
- ▶ On a separate typed sheet, summarize briefly your philosophy of counseling, identifying individuals whose teachings and/or writings have influenced your approach to counseling.



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## ACADEMIC COURSE WORK

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

ABEC Administrative Rule 255-X-3-.01(2): Beginning January 1, 2022, a master's degree in counseling is defined as a minimum of sixty (60) graduate semester hours or ninety (90) graduate quarter hours at a regionally accredited college or university (e.g. Southern Association of Colleges and Schools). **A master's degree is defined as a single conferred/awarded master's degree in counseling (clinical counseling / clinical mental health counseling; rehabilitation counseling; marriage, couple, and family counseling; community / guidance counseling; or school counseling).** That master's degree must consist of at least sixty (60) graduate semester hours, or ninety (90) graduate quarter hours, and containing the academic areas specified below in paragraph 2(b). *No less than these hourly requirements and academic areas in a single program will be accepted.*

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 required \_\_\_\_\_  Semester-hours /  Quarter-hours to complete

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: \_\_\_\_\_



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This program required \_\_\_\_\_  Semester-hours /  Quarter-hours to complete

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 required \_\_\_\_\_  Semester-hours /  Quarter-hours to complete

## PROFESSIONAL/CLINICAL EXPERIENCE

- ▶ A complete statement of the clinical career of the applicant is required, in chronological order (most recent first). Do not include Practicum or Internship experience from the Worksheet for Reporting Course Work.

1) Organization: \_\_\_\_\_

This is a:  Private Practice or For-Profit company  Non-profit  Government Agency  
(local, municipal, state, federal)

Address (street): \_\_\_\_\_

(city, state, zip): \_\_\_\_\_

Dates From/To (mo/yr – mo/yr): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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2) Organization: \_\_\_\_\_

This is a:    Private Practice or For-Profit company    Non-profit    Government Agency  
(local, municipal, state, federal)

Address (street): \_\_\_\_\_

(city, state, zip): \_\_\_\_\_

Dates From/To (mo/yr – mo/yr): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) Organization: \_\_\_\_\_

This is a:    Private Practice or For-Profit company    Non-profit    Government Agency  
(local, municipal, state, federal)

Address (street): \_\_\_\_\_

(city, state, zip): \_\_\_\_\_

Dates From/To (mo/yr – mo/yr): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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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:**

Alabama Board of Examiners in Counseling  
2777 Zelda Rd.  
Montgomery, AL 36106