



Alabama Board of Examiners in Counseling

2777 Zelda Road • Montgomery, Alabama 36106

REQUEST of REDUCTION of PROFESSIONAL EXPERIENCE HOURS

ABEC Administrative Rule 255-X-3-.01(3)(b)2

An applicant may subtract 1000 hours of the required professional experience for every 15 graduate semester hours or 22.5 quarter hours obtained beyond the master's degree **from a regionally accredited college or university**, provided that such hours **are clearly related to the field of professional counseling**, are focused on increasing knowledge and use of skills in the private practice of counseling in one or more of the following areas: counseling theory and practice, human growth and development, social and multicultural foundations, helping relationships, group dynamics, lifestyle and career development, appraisal of individuals, research and evaluation, or professional orientation; **and are acceptable to the Board**. However, in no case may the applicant have less than 1000 hours of the required professional experience. Formal graduate course work utilized as continuing education for licensure renewal cannot also be utilized as a substitute for supervised experience required to become a Licensed Professional Counselor. Formal graduate course work used as a substitution for supervised experience to become a Licensed Professional Counselor cannot also be utilized as continuing education for licensure renewal.

As the reduction of supervised hours is removing time in which the ALC would have gained valuable clinical experience and growth as a professional counselor, the course work that is used to substitute for that time must be focused on increasing knowledge and skills in the practice of counseling. As the license the applicant is pursuing is in the field of professional counseling, the course work (not necessarily the program the courses are contained within) must be clearly related to the field of professional counseling. While all counseling training and developmental coursework is mental health related, not all mental health related coursework is counseling in focus or nature. This evidence is usually identifiable in the course title and course content but may be interwoven with other professional mental health perspectives. Nonetheless, the content of the course work must be clearly related to the field of professional counseling and applicable to the field of counseling as a whole. Professional Counseling must be addressed in the course content, and preferably in the course syllabi. Professional Counseling and the perspectives of Professional Counseling (to potentially include but not be restricted to) the organizations and structures of Professional Counseling (e.g., ACA, AMHCA, CACREP, ALCA) should be reflected in the course content. We cannot use a representation of the process with other terminology as evidence that the courses were clearly related to the field of professional counseling.

For Reduction of Supervised Experience Requests ABEC does not approve Practicum or Internships that are beyond the Master's or post-graduate certificate level; Residencies; Thesis or Dissertations courses or hours; courses that are introductory courses to the school, program, libraries, learning environment, learning management systems, academic writing, or APA writing and formatting; courses that are focused on educational teaching, pedagogy/andragogy, curriculum, design, leadership, or policy; medical healthcare services, healthcare management, or billing; or are focused on specialty areas of counseling that are not applicable to the broader field of professional clinical counseling services, or are used for licensure/certification in other mental health or medical disciplines.

▶ I certify that I have read and understand the Codes, Rules and explanation provided here for this application.

Signature: _____ Date: _____



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- ▶ Submitted with this application is all the information required for consideration of Reduction in Supervised Experience Request as contained in the application form.
- ▶ With the submission of this request the ABEC (the Board) is free to document and verify any information provided in this request through the Board's own means, including any of the applicant's education, clinical and professional experience, professional memberships, and background information.
- ▶ It is the responsibility of the applicant to document how the submitted course work is clearly related to the field of professional counseling. Applications lacking this documentation will not be reviewed.
- ▶ Submitted with this application is the required processing fee of \$150.00 (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.
- ▶ This Reduction of Supervised Experience Request cannot be used for LPC by Endorsement Applicants as the LPC by Endorsement is based upon a previously acquired and completed out-of-state license, which included the completion of supervision for that licensure.
- ▶ This Reduction of Supervised Experience Request cannot be used by Provisional ALCs or LPCs to reduce the hours required by their Provisional licensure agreement.
- ▶ Please note the application process could take several months to review.

A COMPLETE REDUCTION IN SUPERVISED EXPERIENCE REQUEST PACKET MUST INCLUDE:

- 1) Complete, *with signatures*, Reduction in Supervision Experience Request Form
- 2) Processing fee of \$150.00
 - 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 processing fee does not constitute or confirm approval of your request.**
- 3) Official transcripts from a regionally accredited college or university for the already completed courses considered in this request. All transcripts will be sent directly to the Board.
- 4) Syllabi and/or course descriptions of courses clearly related to the field of professional counseling, are focused on increasing knowledge and use of skills in the private practice of counseling in one or more of the following areas: counseling theory and practice, human growth and development, social and multicultural foundations, helping relationships, group dynamics, lifestyle and career development, appraisal of individuals, research and evaluation, or professional orientation, and are acceptable to the Board.



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PERSONAL AND BACKGROUND INFORMATION

- ▶ Date of Application: _____ Social Security No.: _____
- ▶ Applicant's Name (last/first/middle): _____
- ▶ ALC License No.: _____ Expiration Date: _____
- ▶ Name(s) used on transcripts: _____
- ▶ Home (street): _____
(city, state, zip): _____
- Phone (incl. area code): _____ Email: _____

ACADEMIC COURSE WORK

- Preapproval of course work Course work completed Revised form

▶ Only list the courses that you are requesting to be evaluated. **Only list the courses you need to meet the 15 semester-hours or 22.5 quarter-hours of courses minimum for consideration of reduction of hours** for this request. Each Reduction Application will only review the coursework for one 1000-hour reduction. Additional Reduction requests will require a separate application form and list of courses.

▶ For Reduction of Supervised Experience Requests ABEC does not approve Practicum or Internships that are beyond the Master's or post-graduate certificate level; Residencies; Thesis or Dissertations courses or hours; courses that are introductory courses to the school, program, libraries, learning environment, learning management systems, academic writing, or APA formatting; courses that are focused on educational teaching, pedagogy/andragogy, curriculum, design, leadership, or policy; medical healthcare services, or healthcare management; or are focused on specialty areas of counseling that are not applicable to the broader field of professional clinical counseling services, or are used for licensure/certification in other mental health or medical disciplines.

If a reduction of supervised experience hours is granted, the 1,000 hours of client hours subtracted from

- ▶ the required professional experience will be applied as follows: 750 hours will be applied to the direct counseling service requirement, and 250 hours will be applied to the indirect counseling service
- ▶ requirement.



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1) Course Prefix and Number _____

Course Title: _____

Institution: _____

(city, state, zip): _____

Dates Attended (mo/yr – mo/yr): _____

This course taken as a part of a: Free-standing course

Larger program (name of program) _____

Number of course credit hours: _____ Semester-hours Quarter-hours Other: (explain)

2) Course Prefix and Number _____

Course Title: _____

Institution: _____

(city, state, zip): _____

Dates Attended (mo/yr – mo/yr): _____

This course taken as a part of a: Free-standing course

Larger program (name of program) _____

Number of course credit hours: _____ Semester-hours Quarter-hours Other: (explain)

3) Course Prefix and Number _____

Course Title: _____

Institution: _____

(city, state, zip): _____

Dates Attended (mo/yr – mo/yr): _____

This course taken as a part of a: Free-standing course

Larger program (name of program) _____

Number of course credit hours: _____ Semester-hours Quarter-hours Other: (explain)



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4) Course Prefix and Number _____

Course Title: _____

Institution: _____

(city, state, zip): _____

Dates Attended (mo/yr – mo/yr): _____

This course taken as a part of a: Free-standing course

Larger program (name of program) _____

Number of course credit hours: _____ Semester-hours Quarter-hours Other: (explain)

5) Course Prefix and Number _____

Course Title: _____

Institution: _____

(city, state, zip): _____

Dates Attended (mo/yr – mo/yr): _____

This course taken as a part of a: Free-standing course

Larger program (name of program) _____

Number of course credit hours: _____ Semester-hours Quarter-hours Other: (explain)

6) Course Prefix and Number _____

Course Title: _____

Institution: _____

(city, state, zip): _____

Dates Attended (mo/yr – mo/yr): _____

This course taken as a part of a: Free-standing course

Larger program (name of program) _____

Number of course credit hours: _____ Semester-hours Quarter-hours Other: (explain)



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7) Course Prefix and Number _____

Course Title: _____

Institution: _____

(city, state, zip): _____

Dates Attended (mo/yr – mo/yr): _____

This course taken as a part of a: Free-standing course

Larger program (name of program) _____

Number of course credit hours: _____ Semester-hours Quarter-hours Other: (explain)

8) Course Prefix and Number _____

Course Title: _____

Institution: _____

(city, state, zip): _____

Dates Attended (mo/yr – mo/yr): _____

This course taken as a part of a: Free-standing course

Larger program (name of program) _____

Number of course credit hours: _____ Semester-hours Quarter-hours Other: (explain)

9) Course Prefix and Number _____

Course Title: _____

Institution: _____

(city, state, zip): _____

Dates Attended (mo/yr – mo/yr): _____

This course taken as a part of a: Free-standing course

Larger program (name of program) _____

Number of course credit hours: _____ Semester-hours Quarter-hours Other: (explain)



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

- Course syllabi
- Course descriptions from an official college/university course catalog
- Other (specify): _____



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