



Alabama Board of Examiners in Counseling

2740 Zelda Road, Box 5 • 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 it can be reviewed 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, 2024, 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 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).** *No less than these hourly requirements and academic areas in a program will be accepted.*



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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 may be sent directly via email to transcripts@abec.alabama.gov. (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: <https://abec.alabama.gov/wp-content/uploads/2021/11/WorksheetReportingCourseWork.pdf>
- 6) Proof of Citizenship Form (PoC) with corresponding documentation: https://abec.alabama.gov/wp-content/uploads/2021/11/Proof.Citizenship.Form_.pdf
- 7) Proposed Plan of Supervision (PPoS): <https://abec.alabama.gov/wp-content/uploads/2022/06/abec-proposed-plan-of-supervision.pdf>
 - a) A Proposed Plan of Supervision must be submitted and approved by the Board before an Associate Licensed Counselor license is 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 the 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 the address you prefer the Board to use for correspondence.

☐ *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 questions 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 an explanation on a 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 as 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.

Have you read and 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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ACADEMIC COURSE WORK

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

Beginning January 1, 2024, a master's degree in counseling is defined as a conferred/awarded master's degree in counseling from a CACREP accredited program or equivalent to CACREP, consisting of 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). The master's degree must contain and encompass the academic areas specified below in paragraph 2(b). No less than these hourly requirements and academic areas will be accepted.

1) Institution: _____

Address (street): _____

(city, state, zip): _____

CACREP/CORE Accredited? ☐ Yes. Program accreditations 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 accreditations 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.



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3) Institution: _____

Address (street): _____

(city, state, zip): _____

CACREP/CORE Accredited? ☐ Yes. Program accreditations 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 ☐ Government Agency (local, municipal, state, or federal)

☐ Non-profit (public or private) ☐ Exempt employment per AL Code § 34-8A-3 (provide documentation)

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 ☐ Government Agency (local, municipal, state, or federal)
☐ Non-profit (public or private) ☐ Exempt employment per AL Code § 34-8A-3 (provide documentation)

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 ☐ Government Agency (local, municipal, state, or federal)
☐ Non-profit (public or private) ☐ Exempt employment per AL Code § 34-8A-3 (provide documentation)

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 the 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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