



ALABAMA BOARD OF EXAMINERS IN COUNSELING

400 South Union Street, Suite 245 · Montgomery, Alabama 36104
Post Office Box 305030 · Montgomery, Alabama 36130-5030

REDUCTION OF ALC PROFESSIONAL EXPERIENCE HOURS

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

An applicant may subtract 1000 hours (750 direct, 250 indirect) 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 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 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.

Course work used to replace supervised experience must evidence the field of professional counseling in its essential areas [listed in ABEC Administrative Rule 255-X-3-.01(3)2] and must support and advance the professional identity of professional counseling in its structure and content. 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. Any course work that strictly advances the identity and practices of another mental health profession, or restricts the focus of the course to a small area of mental health practices that is outside the larger experience of professional counseling as a whole, is not acceptable for these purposes.

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- ▶ I certify that I have read and understand the Code, Rule and explanation provided here for this application.

Signature: _____ Date: _____

- ▶ Submitted with this application is all the information required for consideration of Reduction of ALC Professional Experience Hours Application 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 Boards own means, including any of my education, clinical and professional experience, professional memberships, and background information.



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- ▶ 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 application should be submitted no less than one board meeting ahead of the LPC application. The LPC application and reduction application should not be submitted for consideration during the same board meeting.
- ▶ Please note the application process could take a minimum of three (3) months.

A COMPLETE REDUCTION OF ALC PROFESSIONAL EXPERIENCE HOURS APPLICATION PACKET MUST INCLUDE:

- 1) Complete, *with signatures*, Reduction of ALC Professional Experience Hours Application Form
- 2) Processing fee of \$150.00
 - a) 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 courses considered in this request. All transcripts will be sent directly to the Board. Transcripts may be submitted electronically to transcripts@abec.alabama.gov.
- 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, county): _____
- Phone (incl. area code): _____ Email: _____

ACADEMIC COURSE WORK

- ▶ 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. Each Reduction Application will only review the coursework for a 1000-hour reduction. Additional Reduction requests will require a separate form and courses.
- ▶ For Reduction of Supervised Hours Requests we do not approve Practicum, Internships, Thesis, or Dissertations; courses that are focused on educational curriculum, design, leadership, or policy; or are focused on narrow specialty areas of professional counseling that are not relevant to the broader area and range of professional counseling.

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: Larger program Free-standing course

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



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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: Larger program Free-standing course

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: Larger program Free-standing course

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

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: Larger program Free-standing course

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



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5) Course Title: _____

Institution: _____

(city, state, zip): _____

Dates Attended (mo/yr – mo/yr): _____

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

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: Larger program Free-standing course

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

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: Larger program Free-standing course

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



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8) Course Title: _____

Institution: _____

(city, state, zip) _____

Dates Attended (mo/yr – mo/yr): _____

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

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: Larger program Free-standing course

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

▶ 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, county): _____

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
Post Office Box 305030
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