

West Virginia Board of Examiners in Counseling

815 Quarrier Street, Suite 212
Charleston, West Virginia 25301
(304) 558-5494
www.wvbec.org

Thank you for requesting information concerning the West Virginia Board of Examiners in Counseling (WVBEC) continuing education provider approval program for providing LPC CE. Please review the packet in its entirety, if you have further questions, please email cheryl.j.henry@wv.gov.

The Legislative Rule containing the LPC continuing education requirements is Series 3, LPC License Renewal and Continuing Professional Education Requirements. Series 3 is available for review on the Board website.

If you wish to apply for approved provider status, please complete the Application for Approved Continuing Education Provider Status. For the next twelve months, all offerings requesting contact hours need to be submitted to the Board for approval. Your organization will be notified when your provider number can be used without obtaining prior approval of each offering from the Board. However, all offerings requesting credit for the ethical requirement for LPC must always have WVBEC approval and submitted 60 days prior to the date of the offering. The ethical offering is to be based on the ACA Code of Ethics and presented by a Licensed Professional Counselor. Ethical offerings not based on the ACA may receive regular contact hour credit.

If you want to obtain approval for a one-time only offering and not apply to become an approved provider, please complete the Application for a One-time Approved Continuing Education Offering. You may find the application on our website.

WVBEC has adopted the American Counseling Association Code of Ethics. You may view the code of ethics on our website.

Thank you for your interest in offering continuing education to Licensed Professional Counselors in West Virginia.

Cheryl Henry,
Executive Director

West Virginia Board of Examiners in Counseling

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Application for Approved Continuing Education Provider Status – Form 1

Instructions: Please complete the application in its entirety. Use additional sheets properly marked with the corresponding section of the application.

Name of Organization/Individual _____

Name of Continuing Education Monitor _____
(Please Print) This person will serve as the WVBE contact and must be a
Licensed Professional Counselor

Address _____

Telephone _____ Email _____ Fax _____

Application Checklist: Please label your attachments clearly. Print or type all attached forms.

_____ \$250.00 – 2.4.a. Initial certification as an approved provider of continuing professional education \$250.00;

_____ Complete the attached four (4)-page questionnaire

_____ Submit a list of proposed programs for the next 12 months
(If not yet available submit the form and materials 60 days in advance of program.)
A. Submit a profile sheet (or a vita/resume) for each presenter (Form Attached, Addendum-A)
B. Use cover sheet for each proposed program. (Form Attached, Addendum- B.)
C. Include a generic certificate of completion.

_____ Submit program forms and brochures for three previously offered programs (Within the last 24 mo.)
A. Submit a profile sheet or vita for each presenter of three previously offered programs (Form Attached-
Addendum A)

_____ Vita of the organization's continuing education program monitor

I certify that the information provided herein is accurate. I agree to abide by the American Counseling Association Code of Ethics in regard to the offering of activities and to the requirements set forth in the application packet.

Signature of Monitor

Date

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A. Administration

1. Who is responsible for the management of the continuing education program in this organization? Attach a current vita for this person. _____

B. Goals and Objectives

1. Describe your organization's overall functions and goals. _____

2. Briefly state the specific goals of your continuing education program for counselors and how these relate to the overall goals of your organization.

3. Describe the target audience (educational level and profession) to which you direct your continuing education activities. _____

4. Check any professional licensure or certification bodies which your organization is currently approved to offer continuing education activities:

- _____ National Board for Certified Counselors
- _____ American Association of Marital and Family Therapists
- _____ Commission for Rehabilitation Counselor Certification
- _____ West Virginia Board of Social Work Examiners
- _____ West Virginia Board of Psychology Examiners
- _____ American Psychological Association
- _____ American Medical Association
- _____ Others (please list)

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5. When did your agency begin offering continuing education activities to counselors?

6. What is the average number of continuing education activities that you offer per calendar year?
_____ How many are primarily for counselors? _____
What is the approximate number of participants per year? _____

C. Facilities

1. Describe the facilities in which your organization conducts its continuing education activities.

2. Are all facilities used accessible under the provisions of the American's With Disabilities Act?

D. Instructional Staff

1. How do you select instructors for your continuing education programs? _____

2. How do you verify the competence of the individuals who have been selected to present continuing education activities?

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E. Evaluation (Submit a sample form)

1. Describe the method by which evaluations are obtained from participants. _____

2. How does your organization utilize these evaluations for future planning? _____

F. Issuing Contact Hours via Certificates of Completion

1. How do you verify an individual's participation and completion of an activity? _____

2. Do you agree to maintain rosters of participants for a period of five years following the date of the activity? Yes _____ No _____

3. The organization providing the program shall provide participants printed certificates of completion, which contain **ALL** of the following information:

- (1). The **title and dates** of the program and the **Board's program approval number**;
- (2). The **name** of the sponsoring agency or organization;
- (3). The name of the **participant** and the **number of contact hours** of continuing professional education **earned** by the participant;
- (4). The **presenters name and his or her credentials**; and,
- (5). The signature of the presenter **and/or** the official representative of the sponsoring organization.

If approved for the 3 hour Ethics requirement for WV LPC include the following statement:

- (6) **Ethical offering approved for required 3 ethical hours based on the ACA code.**

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Do you agree to provide the participants a certificate of completion containing all of the above information as their proof of attendance? Yes _____ No _____

G. Ethics

1. Will your organization be responsible for ensuring that the continuing education programs you offer for WVBEAC approved hours adheres to the American Counseling Association Code of Ethics? (The ACA Code of Ethics can be found on our website.) Yes _____ No _____

Please note: All Ethics offerings will always need to be preapproved by WVBEAC and submitted 60 days prior to the date of the offering. In addition, the ethics offering will need to be based on the ACA Code of Ethics and presented by a current LPC. Please complete and submit the attached Addendum-B form to complete your request.

2. Do you have a cancellation/refund policy? Yes _____ No _____ (If yes, please describe)

3. If a participant is dissatisfied with any aspect of a program, what grievance procedures do you follow for the airing of such a grievance?

H. WVBEAC Goals for Continuing Education Requirements

The goal of the Board's continuing education requirements are to: enable licensees to maintain and/or expand professional expertise; become aware of new professional developments; provide responsible and quality service to clients and community and continue to conduct professional practice in an ethical and appropriate manner. The Board will not grant credit for continuing education to promote personal growth of the licensee.

Therefore, based on the above goals the following type of offerings **will not** be available for LPC continuing education credit by your agency or company:

- a. Computer Training (example: Microsoft Word, Access, Excel, etc.)

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- b. Mandatory in-service trainings for office management, company policy and any other type of training that is part of a job description not related to counseling.
 - c. Any other training that is not counseling related.
-

I. Acceptance of WVBECE Policies and Procedures

If, this application to become an approved professional education provider for Licensed Professional Counselors is accepted, we, _____,
(Name of Organization)

understand and agree to follow the WVBECE Goals for Continuing Education, the American Counseling Association's Code of Ethics adopted by the WVBECE and Series 3, Legislative Rule, License Renewal and Continuing Professional Education Requirements.

We agree to file reports containing the following information every January and July to the Board. Reports are due by January 31 and July 31. Please use the Excel spreadsheet titled 'Approved Provider Semi Annual Report of Programs' under Forms on our website. The report shall contain: List of programs from the previous six months offered to Licensed Professional Counselors using the WVBECE approved provider number, title of the program, date of program, number of contact hours offered, presenter's name and credentials and the number of West Virginia Licensed Professional Counselors in attendance.

Signature of the Continuing Education Monitor*

*You will need to inform the Board within 15 days if there is a change in this position.

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LPC CE Focus Areas

- A** **Human Growth and Development** – includes nature and needs of individuals at all developmental levels following psychological, sociological and physiological approaches. Also includes human behavior (normal and abnormal), personality theory, learning theory, dynamics of stress, and medical/functional implications of disability.
- B** **Social and Cultural Foundations** – includes studies of social change, ethnic groups, subcultures, mores, urban and rural societies, population patterns, use of leisure time, work, and differing life patterns.
- C** **Group Dynamics** – includes theories, practices, methods, dynamics, facilitative skills and supervised practice.
- D** **Life-style and Career Development** – includes vocational-choice theory, relationship between career choice and life-style, occupational and educational information, career decision-making processes, career development exploration, and placement techniques.
- E** **Individual Appraisal** - includes individual differences, methods of data gathering and interpretation, individual and group testing, and case study.
- F** **Research and Evaluation** – includes statistics, research design, research proposals, and evaluation.
- G** **Professional Responsibilities** – includes goals and objectives of counseling organizations, codes of ethics, legal considerations, standards of preparation, certification and licensing, advocacy, confidentiality, and the role identity of counselors.
- H** **Community Resources** – includes development and implementation of community resource references and materials for client referral.
- I** **Supervision** - includes the theory and practice of supervision with experiential components.
- J** **Counseling Theories** – includes a study of basic theories and principles of counseling and philosophic bases of the helping relationship.
- K** **Counseling Techniques** – includes individual counseling practices, methods, facilitative skills, and application of these skills.
- L** **Mental health conditions specific to veterans and family members of veterans.** Training specific to veterans and family members of veterans may include, but not be limited to, inquiring about whether clients are veterans or family members of veterans; screening for conditions such as post-traumatic stress disorder; readjustment issues; risk of suicide and prevention of suicide; military sexual assault; and depression and grief.

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Reminder

Continuing Education Certificates of Completion

All approved providers of continuing education for LPC must provide each participant with a printed certificate of completion with all of the following information:

- (1). The title and dates of the program and the Board's program approval number;
- (2). The name of the sponsoring agency or organization;
- (3). The name of the participant and the number of contact hours of continuing professional education earned by the participant;
- (4). The presenter (s) name and his or her credentials; and,
- (5). The signature of the presenter and/or the official representative of the sponsoring organization.

If approved for the three (3) hour Ethics requirement for WV LPC include the following statement:

- (6) WVBEAC approved for required three (3) ethics hours based on the ACA code.

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Addendum A- Approved Provider Application

Profile Sheet for the Presenter/Trainer (A vita will satisfy this requirement)

1. Name _____

2. **Current Employment** _____

a. Title _____

b. Place of Employment _____

c. Address _____

d. Date of Initial Employment _____

3. **Educational Background**

Undergraduate Degree _____ Major _____ Year _____
Institution _____

Graduate Degree _____ Major _____ Year _____
Institution _____

Graduate Degree _____ Major _____ Year _____
Institution _____

4. **Special Training Relevant to Topic Area (s) Presented**

5. **Licenses and Certifications Held**

6. **Other pertinent information relating to Instructor/Trainer's background as it relates to providing this continuing education activity.**

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Addendum B- Approved Provider Application

Cover Sheet

____ **Ethics Continuing Education Offering** (check here if you are requesting approval for the 3 hour Ethics requirement for WV LPC. The offering will need to be based on the ACA Code of Ethics and presented by a Licensed Professional Counselor. Ethical offerings not based on the ACA may receive regular contact hour credit.)

____ **Proposed Program for First 12 months** (check here if you or your agency is in the first 12 months as a WV LPC Approved Provider and completing this form to gain approval for each continuing education offering. This is to be submitted at the time of application. If not available at that time, submit the form and materials 60 days in advance of each offering.)

WV Approved Provider Name: _____ AP#: _____

Contact Name: _____ Phone #: _____

Email Address: _____

Program Title: _____

Date(s) of Program: _____

Of Contact hours to be earned: _____

Presenter Name(s) and Credentials: (Offerings requesting credit for the 3 hour ethical requirement for LPC must be presented by a Licensed Professional Counselor)

Focus Area(s): _____

(If requesting approval for the 3 hour Ethics requirement for WV LPC, read and check #5 below)

Goals: _____

1. Attach the presenter's outline or a finished copy or rough draft of the brochure advertising the program to include the daily agenda.
2. Attach a vita or profile sheet for each presenter. (Profile Sheet can be found on our website under 'Forms'.)
3. Attach a sample copy of the certificate of completion that will be used. (see attached for directions)
4. Please check if you wish to have the offering posted on our website?
5. For Ethics approval, the brochure or presenter's outline includes documentation that the ethics offering is based on the ACA code of ethics.