



West Virginia Board of Examiners in Counseling
815 Quarrier Street, Suite 212
Charleston, West Virginia 25301
Telephone: (304) 558-5494 website: www.wvbec.org

Instructions and Recording Form for completing your “Licensure Packet”

“Endorsement IPC Licensure Packet” is the packet of information, you the applicant, will gather and mail to the board office in one envelope.

Before you begin to complete the “Application for Licensure by Endorsement” please read this instructional letter in its entirety.

An individual may apply for endorsement review if the individual is currently licensed in another state whose licensing requirements are greater than or equal to the requirements in the rule as determined by the Board. It is the applicant’s responsibility to provide the documentation necessary for the Board to make an appropriate decision on endorsement. ENDORSEMENT REVIEW will have two options:

OPTION 1: For the LPC that has actively practiced mental health counseling as a licensed professional counselor by maintaining an ongoing caseload for at least five (5) of the last seven (7) years in another jurisdiction, immediately preceding the date of this application, the board may waive items specifically marked within the application form and on this instruction checklist. (Series 1, LPC licensing Rule, 5.2.a.2 & 5.2.a.4.) **Additionally, Attachment B will need to be completed and submitted on your behalf.**

OPTION 2: For the individual that is currently licensed as a licensed professional counselor for less than 5 years in another state, immediately preceding the date of this application, you will need to complete ALL items included on the “Application for Licensure by Endorsement”, with the exception of Attachment B.

- **“Licensure Packet” will consist of:**
 - Notarized Six-Page Licensure application
 - A non-refundable application fee of \$300.00* payable to WVBECE
 - Two completed Professional Recommendation Forms (WAIVED FOR OPTION 1 APPLICANTS)
 - A completed transcript review sheet and course descriptions (WAIVED FOR OPTION 1 APPLICANTS)
 - A copy of this instructional sheet with items marked as complete and signed by the applicant

Please remember:

- **The remainder of your application materials will be mailed to WVBECE from the appropriate board office, graduate institution or individual completing Attachment B..**
 - Certified Copy of applicant’s MFT file from the state where you are currently licensed. (Includes Attachment A)
 - Official graduate transcript (s) (WAIVED FOR OPTION 1 APPLICANTS)
 - Verification of Active Clinical Practice – SEE ATTACHMENT B

Read this instructional letter in its entirety.

All the forms you need to apply for licensure are included in this packet and most are available on the website, www.wvbec.org.

Mail your completed Application for Licensure by Endorsement to:

Licensure Packet, WVBECE, 815 Quarrier Street, Suite 212, Charleston, West Virginia 25301 if you want verification that WVBECE has received your packet, please send certified, return receipt.

The information below gives you the detail for each item that is to be completed and placed in your “Licensure Packet”.

_____ **1). The six-page application for licensure. (Series 1, IPC Licensing Rule – 27-1-5.2.a.1.)**

Print or type this form. If the information in the application materials is not legible, the documents will be returned.

Place a picture of yourself in the area designated on page 6.

Page 6 must be notarized after the picture is attached.

_____ **2). The non-refundable application fee of \$300.00* (Series 1, IPC Licensing Rule – 27-1-5.2.a.5.)**

Make your check or MO payable to WVBECC or send your online payment receipt.

Please attach your check or MO to the front page of your licensure application. (Please Do not staple).

_____ **3). Two (2) Professional Recommendation Forms. (Series 1, IPC Licensing Rule – 27-1-5.2.a.4.)**

WAIVED FOR OPTION 1 APPLICANTS. SEE DESCRIPTION ON PAGE 1 OF THE INSTRUCTION/CHECKLIST and at Series 1, 5.3.a.

Place only the last four digits of your social security number on this form.

This form is to be completed by a licensed mental health professional.

- This includes MFT, LPC, Licensed Psychologist, Licensed Social Worker, & Licensed Psychiatrist. It does not include any temporary status licensees or anyone under supervision.

The professional completing the recommendation form must attach a copy of his/her most current license to the recommendation form and place the completed form in a sealed envelope, signing his/her name across the sealed flap.

The professional will return the envelope to you and you will place it into your “Licensure Packet”.

Your previous supervisor from your internship can not complete the Professional Recommendation form.

This envelope must arrive in the Board’s office unopened.

Form available on our website.

_____ **4). Transcript Review Sheet**

WAIVED FOR OPTION 1 APPLICANTS. SEE DESCRIPTION ON PAGE 1 OF THE INSTRUCTION/CHECKLIST and at Series 1, 5.3.a.

You will use your 60 hr. graduate transcript (s) and complete the transcript review sheet.

Once you use a class in one category on the sheet, you can not use the same class in another category.

You must provide the course descriptions for all classes. Please highlight the course number on the course descriptions that corresponds with the course numbers on your transcript.

Please place your name in the upper right hand corner of the transcript review sheet and the course descriptions.

Place the completed transcript review sheet and course descriptions in your “licensure packet”.

Form available on our website.

The three items listed below (#5, #6 & #7) will not be placed in your “Licensure Packet”. They will be mailed directly to the Board office by the appropriate individuals or organizations at the appropriate time in the process.

_____ 5). A certified copy of the applicant’s file from the state where currently licensed and a copy of the licensing rule in effect when license was issued. (Series 1, IPC Licensing Rule-27-1-5.2.a.3.)

The certified copy must include:

Verification of your current license. ATTACHMENT A (page 7 of the Endorsement Application) is to be completed for all jurisdictions where in licensed, current or otherwise. (Series 1, 5.2, 5.3.a.2 & 5.3.a.3.)

Exam scores. Currently, the Board recognizes the National Counselor Examination (NCE), If your current licensing board does not have this on record you will need to contact the organization that administered your exam and request an official copy of your exam scores be sent directly to the Board office.

Supervision records to include the start and finish date, total number of therapy/counseling activity hours, total number of individual supervision hours, and your supervisor’s name and credentials. **WAIVED FOR OPTION 1 APPLICANTS. SEE DESCRIPTION ON PAGE 1 OF THE INSTRUCTION/CHECKLIST and at Series 1, 5.3.a.**

If you have obtained a copy of your file from the state where you are currently licensed, you can send it in your packet as long as the seal has not been broken on the envelope. If the envelope has been opened, it will not be accepted as a certified copy.

_____ 6). Official transcripts (Series 1, IPC Licensing Rule – 27-1-5.2.a.2.)
WAIVED FOR OPTION 1 APPLICANTS. SEE DESCRIPTION ON PAGE 1 OF THE INSTRUCTION/CHECKLIST and at Series 1, 5.3.a.

Mailed directly from all *graduate* institutions attended.

If you have obtained a transcript from the institution, you can send it in your packet as long as the seal has not been broken on the envelope. If the envelope has been opened, it will not be accepted as an official transcript.

_____ 7). **Verification of Active Clinical Practice** – SEE ATTACHMENT B. (Page 10 of the Endorsement Application) (Series 1, IPC Licensing Rule – 27-1-5.3.)

REQUIRED FOR OPTION 1 APPLICANTS ONLY

The applicant for Endorsement Review will be contacted via email within 7-10 business days after all documents listed above have been received and reviewed. Please ensure that all required documents are provided to the board in your “Licensure Packet”. **An incomplete packet will not be processed and will be returned to the applicant as is. Per, Series 1, IPC Licensing Rule, 5.4 & 5.5 for more information.**

WVBEC’s Credentialing Committee typically meets every two months to review new applicant files for their completeness. Complete files are then taken to the next scheduled board meeting for LPC review and approval. As a courtesy to our applicants, board meetings are typically held every two months. Please check our website for the exact dates. Please ensure that all required documents are provided to the board.

After thoroughly reading this packet, please email the Board office if you have questions. I will respond to your request within 5-7 business days.

Please Note: Licensure application packets that are inactive for at least 18 months shall be placed in the “Need to re-apply file”. As the name of the file suggests, if your file is inactive for at least 18 months, you will have to re-apply for licensure.

Sincerely,
Cheryl Henry
Executive Director

Return this recording form in your “licensure packet”. This acknowledges that you have read and understand the requirements for licensure (Series 1). Please make yourself a copy of this form prior to mailing to the Board. You may start practicing counseling in WV once you are approved for licensure and have received your licensure certificate.

Print Name

Signature

Date



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11. PROOF OF HAVING PASSED THE NATIONAL COUNSELOR EXAM (NCE), or the national clinical mental health counseling examination (NCMHCE) or other certification examination in counseling approved by the board. (27-1-5.3.a.1) List name of exam and date passed: Official passing exam scores are required by the board. Please see Instruction/Checklist for more information.

Exam Name: _____ Date Passed: _____ Score: _____

12. VERIFICATION OF LICENSURE STANDING FROM ALL JURISDICTIONS WHERE CURRENTLY LICENSED: (27-1-5.3.a.3.) ATTACHMENT A: OUT-OF-STATE LICENSE VERIFICATION FORM MUST ALSO BE COMPLETED. (See Page 7)

State or Organization	Type / Number	Issue Date	Expiration Date

11. CERTIFICATIONS HELD –optional (e.g. NCC, CAC, CRC, etc.)

State and/or Organization	Type / Number	Issue Date	Expiration Date

Per Series 1, Licensing Rule – 27-1-5.3. Should the endorsement applicant have actively practiced mental health counseling as a licensed professional counselor by maintaining an ongoing caseload for at least five of the last seven years in another jurisdiction, immediately preceding application, YOU MAY SKIP # 12 and #13 and PROCEED, ITEM #14. (See Instruction Sheet for more information.)

12. PROFESSIONAL RECOMMENDATIONS

- **Two forms required with application. Please see Instruction Checklist for more information. This form is also available at www.wvbec.org**

1) _____
 Name Address

2) _____
 Name Address



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Name: _____

13. OFFICIAL GRADUATE TRANSCRIPTS (To be mailed directly from the institutions)

List institutions providing official transcripts.

APPLICANT MUST COMPLETE A TRANSCRIPT REVIEW FORM. See application CD for form and detailed instructions for completing the form:

1) _____ 2) _____

You will need to copy this page if you have more than two clinical counseling positions to report. Any position that is part of your supervised experience needs to be reported in this application.

14. PROFESSIONAL and CLINICAL EXPERIENCE (List current experience first)

Position: _____ Dates: _____
(Please attach a current job description with this application)

Employer: _____ Phone: (____) _____ - _____

Address: _____
Box or Street Number City State Zip Code

On-site Supervisor: _____ Type of License _____ License # _____

Clinical Supervisor _____ Type of License _____ License # _____

14. PROFESSIONAL and CLINICAL EXPERIENCE (List current experience first)

Position: _____ Dates: _____

Employer: _____ Phone: (____) _____ - _____

Address: _____
Box or Street Number City State Zip Code

On-site Supervisor: _____ Type of License _____ License # _____

Clinical Supervisor _____ Type of License _____ License # _____



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If space is inadequate, continue on separate sheet, noting attachment(s). All attachments must have name and social security number in upper right corner.

15. CONTINUING EDUCATION / SPECIAL TRAINING

List relevant continuing education in form of post-graduate seminars, workshops, etc. Give number of hours or name and credit. (Please do not attach certificates)

16. COUNSELING SPECIALIZATION / COMPETENCIES

Describe specific counseling areas you claim competence. Support each claim separately by identifying articles authored, awards and citations received, professional memberships held, specialized education completed, or other objective data.

17. STATEMENT OF COUNSELING PHILOSOPHY

Summarize your philosophy of counseling, identifying individuals whose teachings and/or writing have influenced your approach to counseling.



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18. GROUNDS FOR REFUSAL, REVOCATION, OR SUSPENSION

Have you in any State or Commonwealth:

For any "yes" response, use separate sheet for explanation. All attachments must have name and the last four digits in your social security number in the upper right corner.

1. Been delayed completing a graduate degree program in order to fulfill a written remediation program issued to you by the degree program? Yes _____ No _____
2. Terminated from a graduate degree program? Yes _____ No _____
3. Suspended a previous effort to be licensed? Yes _____ No _____
4. Attempted to obtain licensure by fraud, deceit, or willful misrepresentation? Yes _____ No _____
5. Been denied licensure in the past? Yes _____ No _____
6. Subject to disciplinary action by any counselor licensing agency, professional association, or agency that provides services to citizens? Yes _____ No _____
7. Have disciplinary action pending against you by any licensing agency, professional association, or agency that provides services to citizens? Yes _____ No _____
8. Had your license to practice suspended or revoked? Yes _____ No _____
9. Voluntarily surrendered a professional license? Yes _____ No _____
10. Named as a defendant in a civil suit related to your professional practice? Yes _____ No _____
11. Been convicted of a felony? Yes _____ No _____
12. Currently have any disease or condition that may interfere with your ability to competently and safely perform the essential functions of the counseling profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (a) mental or emotional disease or condition; (b) alcohol or other substance abuse; (c) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in the practice of counseling?
Yes _____ No _____



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Pursuant to WV Code 48 -15-303, each applicant for licensure must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

- | | |
|--|--|
| 1. Do you have a child support obligation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If the answer to question 1, above, is yes, are you in arrearage? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. If the answer to question 2, above, is yes, does your arrearage equal or exceed the amount of child support payable for six (6) months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you the subject of a child support related subpoena or warrant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you make a false statement concerning any question on this application, you may be subject to disciplinary action including, but not limited to, immediate revocation or suspension of your license.

I, _____, do hereby certify, under penalties of perjury and false swearing, that the above questions are true and correct to the best of my knowledge.

I authorize the West Virginia Board of Examiners in Counseling to make such inquiry necessary in validating information contained in this application.

The undersigned, being sworn, deposes and says that he/she is the person who executed this application; that the statements contained herein are true in every respect; that he/she has not suppressed information that might affect this application; that he/she will conform to the Code of Ethics of the West Virginia Board of Examiners in Counseling; and that he/she has read and understands this affidavit.

Signature of Applicant

Sworn before me this _____ day of

_____, _____

Notary Public

Photograph must be attached prior to Notary Seal

Board Policy requires that each applicant attach a photograph taken within the last 12 months. Photograph must be attached prior to Notary Signature.

Photograph should be no larger than this square.



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Application for Licensure by Endorsement as a Licensed Professional Counselor
ATTACHMENT A
OUT- OF- STATE LICENSE VERIFICATION FORM
(Page 1 of 3)

Instructions:

Section 1 is to be completed by the applicant and then sent to the out of state board for completion. Additional copies of this form may be made and used as needed by the applicant.

Section 2 is to be completed by a representative of the out-of-state board and mailed directly to the board office.

I Section 1: This section is to be completed by the applicant:

A. Name: _____

B. Social Security #: _____/_____/_____ Date of Birth: _____

C. Maiden or other name in which license was issued: _____

D. Type of Credential held in the other state: _____

E. Type or Field of Practice: _____

F. License Number: _____

G. Date of Issuance: _____ H. Date of Expiration: _____

I. Level of Licensure (Bachelors, Masters, Doctorate): _____

J. Current licensing requirements to be submitted with out of state form? Yes ___ No ___

II Section 2: This section is to be completed by the State Licensing Board:

A. Type of Credential: Licensure _____ Registration _____ Certification _____

B. Type or Field of Practice: _____

C. License/Registration/Certificate Title: _____



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ATTACHMENT A
OUT- OF- STATE LICENSE VERIFICATION FORM
(Page 2 of 3)

PLEASE PRINT CLEARLY

D. License/Registration/Certificate Number: _____

E. Date Issued: _____ F. Date of Expiration: _____

F. Did License ever lapse or expire prior to date of expiration listed in Letter "D"?

Yes _____ No _____ If yes, please explain: _____

G. Level of License/Registration/Certificate (Bachelor, Masters, Doctorate): _____

H. Does this license allow independent practice? Yes _____ No _____

I. Is License/Registration/Certificate in Good Standing? Yes _____ No _____

If no, please state reason(s): _____

J. Has the Lic./Reg./Cert. ever been suspended or revoked? Yes _____ No _____

If yes, please state reason(s): _____

K. Has the Lic./Reg./Cert./ ever been surrendered voluntarily in lieu of an investigation?

Yes _____ No _____ If yes, please explain: _____

L. Current licensing requirements are attached with this clearance form? Yes ___ No ___



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ATTACHMENT A
OUT- OF- STATE LICENSE VERIFICATION FORM
(Page 3 of 3)

PLEASE PRINT CLEARLY

M. Examination Information:

Name of examination taken? _____

Who administered the examination? _____

Through what state or jurisdiction? _____ Exam Date: _____

Required score to pass? _____ Score Received? _____ Passing Score? Yes _____ No _____

Additional Comments:

Signature of State Board Representative completing this form:

_____ **Date:** _____

Printed Name: _____

Official Title/Position: _____

State or Jurisdiction: _____

Agency: _____

Mailing Address: _____

Phone Number: _____ Fax #: _____

Email Address: _____

Website: _____

Upon completion, please return this form to:

Place Official Seal

WVBEC, Out-Of-State-License Verification,
815 Quarrier, St., Suite 212
Charleston, WV 25301

Application for Licensure by Endorsement as a Licensed Professional Counselor



West Virginia Board of Examiners in Counseling

815 Quarrier Street, Suite 212
Charleston, West Virginia 25301
Telephone: (304) 558-5494

website: www.wvbec.org

Attachment B

VERIFICATION OF ACTIVE CLINICAL PRACTICE

Complete **ONLY IF** you have been licensed for five (5) of the last seven (7) years immediately preceding the date of submission of application for licensure and meet the requirements as per Series 1, LPC Licensing Rule, 27-1-5-3.

The West Virginia Board of Counseling, in its consideration of the named applicant below, depends on information from persons and institutions regarding the candidate's ongoing clinical practice. **Please complete this form to the best of your ability and return directly to the board address OR to the applicant in a sealed envelope that includes your signature at the flap.**

By providing this form to references, the applicant authorizes past and present employers, businesses, professional associates and personal references to release to the West Virginia Board of Counseling any information requested by the Board in connection with the processing of the application for licensure.

I TO BE COMPLETED BY THE APPLICANT:

Applicant Name: _____ Telephone #: _____

Current Address: _____
Street City State Zip

II VERIFICATION INFORMATION:

Name: _____ Email Address: _____

Relationship to Applicant: _____

I certify that _____, an applicant for licensure in the state of West Virginia, was in active counseling practice, and maintained an

ongoing case load from: _____ to: _____, located at
(Dates of practice)

Name of agency/company

Date

Signature

Current Position & Title

Agency Name and Address

Telephone # including area code

City, State and Zip Code

PROFESSIONAL RECOMMENDATION-LPC

Attach a copy of your current master's professional license with this recommendation

Applicant's Name: _____

Social Security: XXX-XX-_____

Dear Colleague:

The person listed above has applied to the West Virginia Board of Examiners in Counseling to become a licensed professional counselor. Your objective rating will enable the Board to evaluate whether this applicant meets its standards. All applicants have a right to review their file.

Please Print or Type

Rater's Name: _____ Position: _____

Address: _____
Box or Street Address City State ZIP

Telephone: _____ Email Address: _____

Professional License: LMFT LPC Licensed SW Licensed Psychologist Licensed Psychiatrist

State: _____ Number: _____ Date License Issued: _____ Date License Expires: _____

Years applicant known? _____ Relationship to applicant: _____
(Must be at least 1 year)

Rate your familiarity with applicant as a professional counselor: Slight Moderate Very Well

Rate applicant's ability to deal with sensitive, personal problems. Low Moderate High

If a close friend or relative of yours chose to see applicant for professional counseling, what would be your attitude? Disapprove Approve Highly Approve

List applicant's most important assets as a professional counselor:

List areas where applicant may need additional development:

RATING

Please rate the applicant compared to practitioners you know on the following characteristics:

	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
Personal Integrity.....	1	2	3	4	5
Recognition of own limitations.....	1	2	3	4	5
Acceptance of creative criticism.....	1	2	3	4	5
Motivation to learn.....	1	2	3	4	5
Sense of humor.....	1	2	3	4	5
Commitment to profession.....	1	2	3	4	5
Ethical/Professional conduct.....	1	2	3	4	5
Reputation with professional colleagues	1	2	3	4	5
Concern for welfare of clients.....	1	2	3	4	5
Individual counseling skills.....	1	2	3	4	5
Group counseling skills.....	1	2	3	4	5
Marriage & Couple Counseling skills.....	1	2	3	4	5
Assessments skills.....	1	2	3	4	5
Ability to make appropriate referrals.	1	2	3	4	5
Consulting Skills.....	1	2	3	4	5
Potential as a counselor.....	1	2	3	4	5
Ability to treat privileged material Professionally.....	1	2	3	4	5

Please use this space for additional comments and to explain poor or below average selections:

Rater's Signature

Date Completed

Place completed form and a **copy of your current professional license**, in letterhead envelope, seal and **place your signature across the seal** and return to the applicant.

Instructions for the Transcript Review Sheet (TRS)

- All applicants must complete this document as part of their licensure packet
 - The copy of this document is available on the website
 - Please print clearly or type this document
- In most cases the credentialing committee will only review this document once for each applicant so your TRS and course descriptions should be completed as thoroughly as possible.
 - The TRS should include all the counseling courses reflected on your transcript
 - Only master level courses and above will satisfy the educational requirement for licensure
 - A course can only be used *one* time
 - NO undergraduate courses can be used even if your institution gave you credit and it appears on your transcript.
 - NO continuing education offering, conferences, seminars, etc. can be used
- Review each Content Area. The Series 1 definition of each Content Area is listed directly after the name of the Content Area. Therefore, in order to fulfill the category, the course descriptions of your coursework would need to be very similar to the definition listed. (Ex. *Content Area #5 Professional Responsibilities includes goals and objectives of professional counseling organizations, codes of ethics, legal considerations, standards of preparation, certification and licensing, advocacy, confidentiality, and the role identity of counselors.* Therefore, if the course you want to place in Content Area #5 does not include ethics in the course description, then most likely you can not use that course in that category.
 - Having ethics or another topic in several classes throughout your program does not qualify as fulfilling the requirement for that subject. You will need to demonstrate a graduate course in each content area to satisfy the educational requirements for licensure.
- You will need to include all course descriptions for all the course work used on the transcript review sheet. The course descriptions must be from the catalog during which the actual course work was obtained. Most institutions have previous course descriptions posted on their website.
 - On the course descriptions highlight the course number of each course used on the transcript review sheet and
 - Write the # of the content area where the course was used on TRS next to the course number on the course descriptions. This will help the credentialing committee review the TRS.

6.1.b. After the effective date of this rule in 2007, applicants must complete a minimum of sixty (60) semester hours or ninety (90) quarter hours of graduate course work inclusive of a masters or doctoral degree in counseling with a minimum of three (3) semester hours in each of the following areas or their equivalent, as determined by the Board:

PLEASE REFER TO INSTRUCTION SHEET PRIOR TO COMPLETING

Content Area	Course#	Title	Qtr. /Sem.	Sem/Qtr. Hr.	Dept.	Check One
1. Counseling theories: includes a study of basic theories and principles of counseling and philosophic basis of the helping relationship;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
2. Counseling techniques: includes individual counseling practices, methods, facilitative skills, and the application of these skills;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
3. Human growth and development: includes the 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;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
4. 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;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
5. Individual appraisal: includes individual differences, methods of data gathering and interpretation, individual and group testing, and case study						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
6. Professional Responsibilities: includes goals and objectives of professional counseling organizations, codes of ethics, legal considerations, standards of preparation, certification and licensing, advocacy, confidentiality, and the role identity of counselors;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online

Content Area	Course#	Title	Qtr./Sem.	Sem/Qtr. Hr.	Dept.	Check one
7. Principles of etiology , assessment, diagnosis, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
8. Addictions Counseling includes the assessment, diagnosis and treatment of addictive disorders;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
9. Group dynamics , processes, counseling and consulting: includes theories, practices, methods, dynamics, facilitative skills, and supervised practice;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
10. Life-style & 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;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
11. Marriage & Family counseling: Marriage, couples, and/or family counseling/therapy;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
12. Research and evaluation: includes statistics, research design, research proposals and evaluation;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
13. Supervised practicum: includes the provision of counseling to bona fide clients and groups seeking services from counselors under the direction of a graduate faculty member who is a licensed professional counselor or related mental health professional, and shall include critiquing of counseling either observed or recorded on audio or video tape;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
14. Supervised internship: Supervised internship: includes actual on-the-job counseling experience under the tutelage of an on-site supervisor who is a licensed professional counselor or related mental health professional.						<input type="checkbox"/> Classroom <input type="checkbox"/> Online

6.1.c. The applicant must have sufficient semester credit hour courses in any of the following counseling related elective subjects to equal the semester credit hour course requirements as outlined in 6.1.b.

Content Area	Course#	Title	Qtr./Sem.	Sem/Qtr. Hr.	Dept.	Check one
6.1.c. Related Elective: Human Sexuality						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
6.1.c. Related Elective: Psychopharmacology;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
6.1.c. Related Elective: Crisis Intervention						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
6.1.c. Related Elective: Biological Basis of Behavior						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
6.1.c. Related Elective: Counseling Special Pop.						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
6.1.c. Relative Elective : Rehabilitation Counseling						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
6.1.c. Relative Elective: Advance Courses						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
6.1.c. Relative Elective: Advance Courses						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
6.1.c. Relative Elective: Advance Courses						<input type="checkbox"/> Classroom <input type="checkbox"/> Online