



**Instructions and Recording Form for completing your  
Licensure Packet**

“Licensure Packet” is the packet of information, you the applicant, will gather and mail to the board office in one envelope. We have compiled this instructional letter to help you work through the licensure process with a little less stress. Please read this instructional letter several times and then set a plan to complete. But remember:

**The supervision experience can ONLY begin after you have received a  
Provisional License Certificate from the Board.**

○ **“Licensure Packet” will consist of:**

- Notarized Six-Page Licensure application
- A non-refundable application fee of \$250.00 payable to WVBECC
- Completed Supervisor’s Registration Form
- Current job description provided to you by your employer
- Two completed Professional Recommendation Forms
- Three personal references
- A completed transcript review sheet along with the course descriptions from appropriate graduate institutions
- A copy of this instructional sheet with items marked complete and signed by the applicant

Read this instructional letter in its entirety.

**ALL** application documents, forms & letters need to be ‘current’ and dated within six months of when the application is received.

All the forms you need to apply for licensure are included in this packet and are available on the website, [www.wvbec.org](http://www.wvbec.org), under the "Application and Forms" tab.

Mail your completed “Licensure Packet” to Licensure Packet, WVBECC, 815 Quarrier Street, Suite 212, Charleston, West Virginia 25301 if you want verification that WVBECC has received your packet, please send return/receipt certified.

**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, Licensing Rule – 27-1-4.1.a & 4.1.b.)

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 \$250.00** (Series 1, Licensing Rule – 27-1-4.1.c)

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

Please note the application fee is NOT part of the exam fees.

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

**3). Supervisor's Registration Form and Contract** . (revised July, 2012) (Series 1, Licensing Rule – 27-1-4.1.g)

***If you have not passed the NCE exam at the time you apply for licensure, please wait to submit this document.***

***If you have passed the exam, you and your ALPS will need to complete this form and include it with your packet. This form will need approved by the board prior starting your supervision experience.*** Once you receive a **Provisional Licensure Certificate**, you may start your supervision.

It has been the Board's consistent practice since November of 2001 that all approved supervisors shall be a Licensed Professional Counselor. LPCs from other States can become an ALPS.

At least fifty percent (50%) of the supervised counseling experience must be in the direct provision of counseling services to clients.

You and your supervisor shall complete the registration form and have the supervisor place the form in a sealed envelope and sign across the sealed flap.

Supervisor will retain a copy of the completed form in his/her records.

You will then place the envelope into your "Licensure Packet".

This envelope must arrive in the Board's office *unopened*.

**4). Current Job Description**

Include a job description that is provided to you by your employer.

The Job description is one of several documents that will be reviewed and needs approved before the Provisional License can be issued.

If you do not have a counseling position secured at the time you apply for licensure, you may still submit the remaining documents listed on this checklist.

**5). Two (2) Professional Recommendation Forms.** (Series 1, Licensing Rule – 27-1-4.1.e. & 4.1.h)

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

This form is to be completed by a master's level licensed mental health professional.

- This includes LPC, MFT, 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".

The individual completing the professional recommendation form or a supervision form ***cannot*** submit a personal reference.

Your ALPS ***cannot*** complete the Professional Recommendation form.

This envelope must arrive in the Board's office *unopened*.

In the six-page licensure application, you are to list the names of the three professionals that will submit recommendations for you. The final supervision form that your supervisor will complete for your supervision verification will act as the third (3<sup>rd</sup>) professional recommendation. This supervision form is explained in section 8 in these instructions.

Form available on our website.

**6). Three (3) personal reference letters.** (Series 1, Licensing Rule – 27-1-4.1.f)

This letter can be from an individual willing to state you are of good moral character and merit the public trust. This is a long time friend, pastor, teacher or someone that can attest that you merit the public trust, typically not a colleague.

The individual (cannot be a relative) submitting a reference letter needs to include in the letter the date, their mailing address and phone number, and sign their name across the sealed flap of the envelope.

They will return the envelope to you and you will place it into your "Licensure Packet".

The individuals completing these forms ***cannot*** submit a professional recommendation form or supervision form.

These references must arrive in the Board's office *unopened*.

**7). Transcript Review Sheet**

You will use your **graduate** transcript (s) and complete the transcript review sheet. Include all graduate counseling coursework to equal 60 semester hours (90 quarter hrs.). Once you use a class in one category on the sheet, you can not use the same class in another category.

On Page 3, you will include all counseling 'electives' completed, to equal a 60 hour MA. Those listed on pg. 3 are examples of electives you may have completed.

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 four items listed below (#8, 9, & 10) 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.

**8). Official transcripts** (Series 1, Licensing Rule – 27-1-4.1.d)

Mailed or emailed 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.

**9). Supervisor's Verification & Assessment Form** (revised July, 2012)(Series 1, Licensing Rule –

27-1- 4.1.h)

It is recommended by the board that this form is completed at the beginning of supervision, by the applicant, in order to use as a baseline. Please discuss this with your ALPS.

Once one-half the 'direct' supervision hours have been completed, the board requires this form be completed and mailed within 15 days.

At the conclusion of supervision, this form is to be submitted by your approved licensed professional supervisor (ALPS).

Supervisor needs to retain a copy of the completed form for his/her records.

Once your supervisor completes the Verification and Assessment form he/she shall place the form in a sealed envelope, sign across the sealed flap and mail directly to the board office.

**10). Quarterly Log Sheets** (revised July, 2012)

Please note, you do not need to submit the Quarterly Log Sheets with your application.

A Quarterly Log Sheet is the document on which you will document your hours in supervision on a quarterly basis.

The supervisor may modify the categories listed on the log sheet to better suit the type of counseling the applicant is practicing.

The Quarterly Log Sheets are to be turned in with the Mid-Point and Final evaluations.

You can find the computerized quarterly log sheet in Excel format on our website under "Forms" for easier logging. Please complete the form, print and submit *the form* at the end of each quarter as described above. The Excel document will add up all the categories so please do not complete this form by hand.

Posted on the website is a Daily/Weekly log form. This is for your convenience. You will not send the Daily/Weekly form to the board office.

**11). Verification of a successful score on the NCE or the CRC**

Please check here if you have not passed the NCE or CRC \_\_\_\_\_

Currently, the Board recognizes the National Counselor Exam (NCE) , National Clinical Mental Health Counseling Examination (NCMHCE) and the Certified Rehabilitation Counselor Exam (CRC).

If you HAVE A PASSING SCORE on one of these exams, 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.

If you **HAVE NOT PASSED** an acceptable exam, you must file your "Licensure Packet" with this office. Your file will be reviewed for compliance with Series 1, Licensing Rule (2007). Once the file is approved, you will receive an email/letter stating that your application has been accepted or materials are still needed. If your file is approved, you will receive an approval letter to take the exam and the exam registration form. Exam approval letters are good for one year. The applicant will submit this approval letter to NBCC along with their exam registration form.

Once the applicant has received the approval letter from WVBEAC, nothing else will be required of WVBEAC during the exam process unless the applicant tests three (3) times unsuccessfully. Failing the exam three times will be addressed with the applicant individually.

More information on the exam is available on our website under National Counselor Exam.

Once your licensure packet is received by the Board, please allow up to 7-10 business days for an initial review to be completed and to receive a follow up email. Before submission, please make sure that your packet is complete and includes all applicable items listed on this Instruction/Checklist.

**An incomplete packet will not be processed and will be returned to the applicant as is.**

As a courtesy to our new applicants, the Credentialing Committee currently meets once every two months to review new applicant files for their completeness. It is your responsibility to see that all required documents are provided to the board. You will receive an email within 7-10 business days after your file has been reviewed with the committee's findings.

After thoroughly reading this packet, please email me at [Cheryl.J.Henry@wv.gov](mailto:Cheryl.J.Henry@wv.gov) if you have questions. The board uses email as the primary method of communicating with our applicants and licensees. If this is not best for you, you may write or call the office number. In your correspondence, please include a work phone number along with the best time to call. We will respond to your request as soon as possible.

Please Note: Any licensure application packets that are inactive for at least 18 months shall become inactive . If your file is inactive for at least 18 months, you will have to re-apply for licensure.

Thank you and please let us know if we can be of further help throughout this process.

Sincerely,

**Cheryl Henry**, Executive Director

[www.wvbec.org](http://www.wvbec.org)

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 supervision once **you have received** your Provisional Licensure Certificate in the mail.

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Print Name

Signature

Date

If you are interested in becoming a National Certified Counselor, you need to call the National Board for Certified Counselor, NBCC, @ (336) 547-0607 or visit their website, [www.nbcc.org](http://www.nbcc.org). The WVBECC does not handle the national certification and does not have any information about the National Certified Counselor.

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

**PROVISIONAL LPC LICENSURE APPLICATION**

**NAME:** \_\_\_\_\_

**PRINT your name EXACTLY as you would like it to appear on a provisional licensure certificate**

**SOCIAL SECURITY #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

In order to comply with federal law, the WVBE is obligated to inform each applicant from whom it requests a Social Security Number that disclosing such number is Mandatory in order for this Board to verify required exam scores through NBCC or CRC.

**I have included all the information required for consideration for a provisional license. I understand the Board is free to document my education, clinical and professional experience, and professional memberships through the Board’s own means. I understand the Board’s minimum requirements, including, but not limited to, a passing score on the National Counselor Exam or the Certified Rehabilitation Counselor Exam must be fulfilled before I can be provisionally licensed and begin my supervision experience. I understand some information in this application packet is subject to the Freedom of Information Act.**

**An application fee of \$250.00 must be submitted with this application. Make your check or money order payable to the West Virginia Board of Examiners in Counseling (WVBE). The application fee is non-refundable.**

**I UNDERSTAND I MAY NOT ENGAGE IN THE PRIVATE PRACTICE OF COUNSELING UNTIL THE BOARD HAS ISSUED MY PERMANENT COUNSELING LICENSE.**

***Instructions for completion of all forms are in the document called ‘Packet Instructions’.***

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**For Board Use Only**

Please print  
Or type

### Provisional Licensure Application

1. Date of Birth: \_\_\_\_\_

2. Name: \_\_\_\_\_  
                                        First                                        Middle                                        Last

3. Other Last Name (s) used on records or in practice: \_\_\_\_\_

3a. Email address: \_\_\_\_\_ None  
(You must keep your email address current with this office during the licensure process)

4. Home Address: \_\_\_\_\_  
                                        Box or Street Number                                        City                                        State                                        Zip Code

5. County of Residence: \_\_\_\_\_ 6. Legal resident of WV since: \_\_\_\_\_

6. Home phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 7. Work phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**8 EDUCATION (chronological order)**

Name and Address of Institution	Dates MO/Yr.	Major/Minor	Degree & Year Awarded	Total # of Qtr/Semester hrs. completed

**9. OTHER LICENSES/CERTIFICATIONS**

State or Organization	Type	Number	Last Current Date

I have passed the NCE, CRC or NCMHCE on \_\_\_\_\_ with a score of \_\_\_\_\_.  
Requested official scores to be sent to the WVBE Board office on \_\_\_\_\_.

**10. SUPERVISED INTERNSHIP (S)**

	First Internship	Second Internship
Site		
Address		
Supervisor		
License #		
Dates		
Hours		



**You need to copy this page if you have more than three clinical counseling jobs to report.**

**11. PROFESSIONAL and CLINICAL EXPERIENCE**

- List current experience first
- Any job that is going to be a part of your supervised experience has to be reported in this application
- Attach a job description for your current experience

**Position:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_  
                         **Box or Street Number**                                                                  **City**                                                                  **State**                                                                  **Zip Code**

**On-site Supervisor:** \_\_\_\_\_ **Type of License** \_\_\_\_\_ **License #** \_\_\_\_\_

**Approved Licensed Professional Supervisor** \_\_\_\_\_ **License #** \_\_\_\_\_

**Number of hours worked each month** \_\_\_\_\_

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**11A. PROFESSIONAL and CLINICAL EXPERIENCE**

- List current experience first
- Any job that is part of your supervised experience has to be reported in this application
- Attach a job description for your current experience

**Position:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_  
                         **Box or Street Number**                                                                  **City**                                                                  **State**                                                                  **Zip Code**

**On-site Supervisor:** \_\_\_\_\_ **Type of License** \_\_\_\_\_ **License #** \_\_\_\_\_

**Approved Licensed Professional Supervisor** \_\_\_\_\_ **License #** \_\_\_\_\_

**Number of hours worked each month** \_\_\_\_\_

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**11B. PROFESSIONAL and CLINICAL EXPERIENCE**

- List current experience first
- Any job that is part of your supervised experience has to be reported in this application
- Attach a job description for your current experience

**Position:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_  
                         **Box or Street Number**                                                                  **City**                                                                  **State**                                                                  **Zip Code**

**On-site Supervisor:** \_\_\_\_\_ **Type of License** \_\_\_\_\_ **License #** \_\_\_\_\_

**Approved Licensed Professional Supervisor** \_\_\_\_\_ **License #** \_\_\_\_\_

**Number of hours worked each month** \_\_\_\_\_

## 12. 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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## 13. GROUNDS FOR REFUSAL, REVOCATION, OR SUSPENSION

**Mark either "Yes" or "No" if you have ever been subject, in any state or commonwealth, to any of the following:**

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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**14. PROFESSIONAL RECOMMENDATIONS**

- **Individuals must be a master's level licensed mental health professional**
- **List NAME, ADDRESS & PHONE NUMBER of each individual providing a Recommendation.**
- **Raters should attach a copy of their current professional license with form.**
- **Rater should place the completed form in an envelope, place signature over the seal, and return to applicant.**
- **The two professionals completing this form cannot be your approved supervisor or complete a personal reference.**

1) \_\_\_\_\_  
 Name Address Phone Number

2) \_\_\_\_\_  
 Name Address Phone Number

**15. APPROVED SUPERVISOR**

1) ALPS: \_\_\_\_\_  
 Name Address Phone Number

2) ALPS: \_\_\_\_\_  
 Name Address Phone Number

- **Your ALPS will also complete the Supervisor Registration form in this packet**
- **The supervision's verification form is not sent to the Board until your supervision is completed.**

**16. PERSONAL REFERENCES**

- **No form needed – individuals use personal stationery**
- **List NAME, ADDRESS & PHONE NUMBER of each individual providing personal reference.**
- **Send all three sealed letters in your "Licensure Packet".**
- **The three individuals submitting a personal reference cannot be your approved Supervisor, relative or have complete a professional recommendation.**

1) \_\_\_\_\_  
 Name Address Phone Number

2) \_\_\_\_\_  
 Name Address Phone Number

3) \_\_\_\_\_  
 Name Address Phone Number

**17. OFFICIAL TRANSCRIPTS**

- **To be mailed directly from the graduate institution**
- **List institutions that will be providing official transcripts**

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

**Pursuant to WV Code 48A-5A-5 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?	Yes	No
2. If the answer to question 1, above, is yes, are you in arrearage?	Yes	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?	Yes	No
4. Are you the subject of a child support related subpoena or warrant?	Yes	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 provisional and/or permanent license.

I, \_\_\_\_\_, do hereby certify, under penalties of perjury and false swearing, that the above answers 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. I understand the Board has final decision and authority with reference to this application. (West Virginia Code 30-31-5).

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.

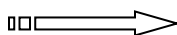
I, \_\_\_\_\_, understand I shall remain under professional supervision satisfactory to the Board, and may not be called a licensed professional counselor, or in any way be represented as a licensed professional counselor, until I am duly licensed by the Board. **Series 1, Licensing Rule – 27-1-6.2.a.**

\_\_\_\_\_  
**Signature of Applicant**

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

**Photograph must be attached prior to Notary Signature.**



**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.**

## Attachment A - Request for Temporary Permit

Effective July 4, 2017, the WVBECC may issue a Temporary Permit to applicants meeting the following requirements, as per WV Code 30-31-8(c):

*A person seeking licensure under the provisions of this section shall submit an application on a form prescribed by the board and pay all applicable fees. A person applying for licensure may elect for a temporary permit to utilize during the application process while the applicant takes the required examination. The temporary permit shall be valid for a period not to exceed six months and may not be renewed. The fee for the temporary permit is \$50. The permittee shall be supervised by an approved licensed professional supervisor while practicing under the temporary permit. Supervision hours completed under the temporary permit count as supervised professional experience as required for licensure under this section. The supervision requirements are the same as required with a provisional license as defined in section six of this article. The temporary permit may be revoked at any time by a majority vote of the board.*

\_\_\_\_\_ **Check here if applicant elects to receive the temporary permit.**

**In order to be considered for the temporary permit, the following is needed with the application materials for a provisional license:**

\_\_\_\_\_ **1) Attachment A – Request for Temporary Permit**

\_\_\_\_\_ **2) Temporary Permit fee of \$50.00** (This fee applies to the issuance of the temporary permit only and is outside of the fee collected for the initial application for a provisional license.)

**IF THE APPLICATION MATERIALS FOR A PROVISIONAL LICENSE WERE PREVIOUSLY SUBMITTED AND THE APPLICANT RECEIVED APPROVAL TO TAKE THE NCE EXAM AND SINCE HAS ELECTED TO RECEIVE THE TEMPORARY PERMIT, THE FOLLOWING MUST BE COMPLETED AND RECEIVED ALONG WITH #1 & #2 ABOVE IN ORDER TO BE CONSIDERED FOR THE TEMPORARY PERMIT:**

**NAME:** \_\_\_\_\_  
PRINT your name EXACTLY as you would like it to appear on the temporary permit certificate

**Name of ALPS:** \_\_\_\_\_ **LPC#** \_\_\_\_\_

\_\_\_\_\_ **3) Supervisor Registration Form/Contract.** Form available at [www.wvbec.org](http://www.wvbec.org) "Application And Forms" tab . Form to be completed by applicant and ALPS.

\_\_\_\_\_ **4) Page 3 of the application** must be completed and include current employment information.

\_\_\_\_\_ **5) Job description provided to applicant by employer** and signed by the ALPS.

\_\_\_\_\_ **6) If permittee will be working in private practice setting, the following is needed:**

- **A copy of the informed consent.** The informed consent needs to include that you are practicing under the temporary permit and will be supervised by an approved supervisor. Also, as part of their supervisory responsibilities, your on-site supervisor as well as your ALPS supervisor will be reviewing case notes.
- **Job description needs to include the temporary permittee is working as a W-2 employee** (contract labor [1099], is not permissible under the temporary permit or provisional license.)

West Virginia Board of Examiners in Counseling

Website: www.wvbec.org

Phone: 304-558-5494

**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**

<b>Content Area</b>	<b>Course#</b>	<b>Title</b>	<b>Qtr. /Sem.</b>	<b>Sem/Qtr. Hr.</b>	<b>Dept.</b>	<b>Check One</b>
1. <b>Counseling theories:</b> 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. <b>Counseling techniques:</b> includes individual counseling practices, methods, facilitative skills, and the application of these skills;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
3. <b>Human growth and development:</b> 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. <b>Social and cultural foundations:</b> 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. <b>Individual appraisal:</b> 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. <b>Professional Responsibilities:</b> 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. <b>Principles of etiology</b> , assessment, diagnosis, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
8. <b>Addictions Counseling</b> includes the assessment, diagnosis and treatment of addictive disorders;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
9. <b>Group dynamics</b> , processes, counseling and consulting: includes theories, practices, methods, dynamics, facilitative skills, and supervised practice;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
10. <b>Life-style &amp; Career Development:</b> 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. <b>Marriage &amp; Family counseling:</b> Marriage, couples, and/or family counseling/therapy;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
12. <b>Research and evaluation:</b> includes statistics, research design, research proposals and evaluation;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
13. <b>Supervised practicum:</b> 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. <b>Supervised internship:</b> 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

### Registration/Contract of Supervisor for Counseling Licensure

APPLICANT FOR:	<input type="checkbox"/> <b>PROVISIONAL LICENSE</b> - OR - <input type="checkbox"/> <b>TEMPORARY PERMIT</b>
CHECK ONE:	<input type="checkbox"/> Initial Registration <input type="checkbox"/> Add Supervisor <input type="checkbox"/> Change Supervisor

#### Applicant Information (Please type or print clearly)

**Applicant's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Business Name & Address** \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Employer Category**    Private Practice    Non-Profit Agency    Profit Agency    Hospital  
                                  ] Federal or State Agency    College or School    Other \_\_\_\_\_

**Email address** \_\_\_\_\_

**SSN (last four # only)** \_\_\_\_\_ **Home phone** \_\_\_\_\_

**Work phone** \_\_\_\_\_ **(Ext.:    ) Work Fax** \_\_\_\_\_

#### Supervisor Information    (Please type or print clearly)

**Supervisor's Name** \_\_\_\_\_

**Business Name & Address** \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Email address:** \_\_\_\_\_  
Maintaining your email with the Board office is very important as it is the mode of communication we use with you and your supervisee.

**Business phone** \_\_\_\_\_ **Business Fax** \_\_\_\_\_

**Type of License** \_\_\_\_\_ **State Issued** \_\_\_\_\_ **ALPS Credential?**    Y \_\_\_\_\_ N \_\_\_\_\_

**License #** \_\_\_\_\_ **Date license first issued** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

## **Supervision Contract**

**Purpose of this Contract:** As required under Title 27, Series 1 of the West Virginia Board of Examiners in Counseling Legislative Rules must complete a period of supervision prior to full licensure. To clarify the rules of supervision and the roles of both the Approved Supervisor and Provisionally Licensed Counselor or Temporary Permit Counselor, this contract serves as a written record verifying the agreement between the Approved Supervisor and the Provisionally Licensed Counselor, or Temporary Permittee, as approved by the Board of Examiners in Counseling, hereafter referred to as The Board.

Please note, the following terms within this contract have the following meanings, unless the context clearly indicates otherwise:

**Supervisor:** Approved Licensed Professional Supervisor (ALPS)

**Supervisee:** Provisionally Licensed Counselor, OR, Temporary Permit Counselor

Imperative to the purpose of supervision and this contract are the following:

1. Ensuring the public welfare.
2. Promoting learning and readiness for licensure.
3. Monitoring and reporting the Supervisee's progress at regular intervals.
4. Fulfilling all requirements of the applicable state codes and regulations in preparation for licensure as a Professional Counseling in the State of West Virginia.
5. Discontinuing, or sanctioning, Approved Supervisors who do not adhere to the rules imposed for the above purposes.

### **Supervision Requirements:**

6. Approved Supervisors will provide a minimum of one (1) hour of direct individual supervision per twenty (20) hours of the Supervisee's clinical practice, with a minimum of 1 hour per week regardless of hours spent in practice. Individual supervision sessions must occur no less frequently than every 2 weeks.
7. The Supervisee shall have a minimum of \_\_\_\_\_ hours of supervised counseling experience. At least fifty percent (50%) of the supervised counseling experience, \_\_\_\_\_ hours, must be in direct client contact. PLEASE LEAVE THIS SECTION BLANK. AFTER THE CREDENTIALING COMMITTEE'S REVIEW, THIS SECTION WILL BE COMPLETED.)
8. Direct individual supervision is in person, face-to-face. However, the Board practice has been to allow no more than 50% of the supervision to be conducted in a group setting. Group and individual should be alternated weekly. Furthermore, supervision sessions do not occur in a public setting.

9. The Supervisee with the provisional license must sign all work and correspondence with the designation *Provisionally Licensed Counselor*. Acronyms are not allowed at anytime during the supervised licensure process.
10. The Supervisee will be a W-2 employee or Pro-bono employee of the agency for which the Supervisee works. Supervisees cannot work as a contract labor (1099) employee.
11. The Approved Supervisor will maintain familiarity with the Supervisee's clients' presenting concerns, treatment plans, treatment progress, and treatment termination plan. The Approved Supervisor will assure that the Informed Consent document the Supervisee is using in their work delineates the fact that they are being supervised and by whom.
12. The Approved Supervisor will intervene appropriately when client welfare is at risk.
13. In addition to thorough review of written work (e.g. notes, reports, or other written statements or documents), there must be sufficient observation of the Supervisee's work, whether in vivo or via recorded material, to enable the Approved Supervisor to provide accurate assessment of the Supervisee's performance.
14. The Approved Supervisor will provide timely and constructive feedback to the Supervisee. The Approved Supervisor subsequently reassesses the work of the Supervisee in a reasonable time frame to make certain that the Supervisee is incorporating the feedback into practice.
15. A Supervisor's Verifications and Assessment Form (SVA) shall be completed by the Supervisee and the Approved Supervisor twice during this contract to rate the performance of the Supervisee. The SVA shall be submitted to the Board office after 50% of direct contact hours are complete and at the end of the supervision period (minimum of 19 months).
16. The Approved Supervisor and the Supervisee will maintain and submit to the Board, in a timely and accurate manner, a supervision log. The quarterly reports are to be submitted within 15 days of the end of each quarter of supervision. The supervision log, in Excel format provided by the Board, is to be co-signed and dated by both Approved Supervisor and Supervisee.
17. Supervision sessions will include discussion of areas of concern, conflict, and/or failure of either party to abide by agreements and directives delineated in this supervision contract. If concerns cannot be resolved within the supervision process, either or both parties will contact the Board for assistance.
18. Clinical supervision shall not include any potentially problematic multiple relationships between the Approved Supervisor and Supervisee. Any type of business relationship outside the parameters stated in this Supervision Contract is strictly prohibited between the Approved Supervisor and Supervisee. Other potentially problematic relationships include, but are not limited to, therapeutic, familial, and financial.
19. Approved Supervisor and Supervisee understand and agree that sexual and/or romantic relationships between the two parties are always unethical and should never occur.

- 20. Both parties will maintain current knowledge of HIPAA and other pertinent legal, ethical, and regulatory guidelines and responsibilities.
- 21. In case of emergency, Supervisee will contact Approved Supervisor at locations specified herein.
- 22. If applicable, fees for supervision shall be paid as designated in this contract.
- 23. Either party can terminate this contract at any time, or both Approved Supervisor and Supervisee will notify the Board in writing within ten (10) days of any such termination. In such case, both parties are responsible for making certain the Supervisee's clients receive appropriate referrals so that any potential negative impact to treatment is held to a minimum. Supervision must be continuous, and any interruption in supervision of more than six weeks must be reported to the Board, in writing, within the first month of the interruption. Interruptions not reported in a timely manner may result in termination of the provisional license or temporary permit or other disciplinary action or sanctions as deemed appropriate by the Board.

**INDIVIDUAL CONTRACT CONDITIONS**

(TO BE COMPLETED BY SUPERVISEE AND APPROVED SUPERVISOR)

Population(s) Supervisee will serve: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific location(s) where Supervisee will provide service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific location where individual face-to-face supervision will occur: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Est. # of total counseling hrs. per week: \_\_\_\_\_ Estimated # of direct counseling hrs. per week: \_\_\_\_\_

**Identification of Goals (Please Print Clearly)**

We, the Approved Supervisor and Supervisee, have identified the following goals for our work together during the supervision term: (please use additional sheet if needed)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. Develop and utilize an Informed Consent.
- 5. Demonstrate working knowledge of ACA Code Ethics and apply the code toward resolving potential legal and ethical dilemmas.

We, the Approved Supervisor and Supervisee, will measure the effectiveness of the supervision and the success of reaching the goals of supervision in the following manner:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**In case of emergency, Supervisee will contact Approved Supervisor(s) by the following means:**

Approved Supervisor: \_\_\_\_\_

Office telephone: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

Pager: \_\_\_\_\_

Other means: \_\_\_\_\_

Other resources for emergency situations: \_\_\_\_\_

\_\_\_\_\_



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**Fee for supervision, if applicable.**

Fee for supervision shall be paid by: Supervisee - YES \_\_\_\_\_ NO \_\_\_\_\_

If other (identify): \_\_\_\_\_

Fee for supervision shall be \$ per \_\_\_\_\_ (hour, session, etc.) to be paid on a \_\_\_\_\_ (weekly, monthly, quarterly, as billed) basis.

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This supervision contract shall be subject to revision at any time, upon the request of Approved Supervisor or Supervisee. Revisions shall only be implemented with consent and approval of both Approved Supervisor and Supervisee and approval of The Board. The undersigned Approved Supervisor and Supervisee agree to uphold the directives specified in this supervision contract and to conduct all professional activities and behavior in accordance with all applicable professional ethical standards and legal and regulatory requirements.

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➤ **TEMPORARY PERMIT:**

This contract shall be effective: \_\_\_\_\_ (issue date of temporary permit)

and shall be terminated: \_\_\_\_\_ (expiration date of temporary permit)

Per WV Code §30-31-1 the Temporary Permit is only valid for six (6) months and may not be renewed.

➤ **PROVISIONAL LICENSE:**

This contract shall be effective: \_\_\_\_\_ (issue date of provisional license)

and shall be terminated: \_\_\_\_\_ (expiration date of provisional license)

Earliest completion date of supervision: \_\_\_\_\_ (Per Series 1, 1500 hours being the max that can be completed in a 12 month period)

**PLEASE LEAVE THIS SECTION ABOVE BLANK. WILL BE FILLED IN AFTER CREDENTIALING COMMITTEE'S REVIEW OF APPLICATION MATERIALS.**

I, \_\_\_\_\_, agree to provide supervision to  
(Supervisor)

\_\_\_\_\_. As supervisor, I assume  
(Applicant)

responsibility for the supervision of the registered applicant named above. We hereby agree to this supervision contract, which is being registered with the West Virginia Board of Examiners in Counseling prior to the start of supervision. We both understand that supervision will not commence until the applicant filing this registration form completes the exam requirement with a passing score and the provisional license is in hand, OR, is approved and has been issued the temporary permit.

I, \_\_\_\_\_, (Applicant) agree to present myself for supervision for the number of hours designated in this agreement. I understand

\_\_\_\_\_ (Supervisor) is responsible for my professional activities during the time I am working under his/her supervision.

\_\_\_\_\_  
Signature of Approved Supervisor

\_\_\_\_\_  
Printed name of Approved Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed name of Applicant

\_\_\_\_\_  
Date

Supervision contract approved by West Virginia Board of Examiners in Counseling

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

## Instructions for Completing the LPC Quarterly Supervision Log Sheet

1. Use the Excel quarterly report on our website.
2. Print the name of the supervisee and the supervisor on the form.
3. Circle the quarter for which you are submitting the hours.
4. Use an additional sheet to document the types of activities logged under **counseling related** and **case management**. Under the **consultation** category, log what type of consultation and with what type of person, i.e., professional, parent, etc. Attach this sheet with each quarterly log.
5. Signatures of the supervisee and supervisor are required.
6. **Reports are to be mailed within 15 days of the end of each quarter to the WVBECC office.**

Individual Counseling: Providing face to face counseling treatment for individuals.

Group Counseling: Providing face to face counseling treatment for a group of individuals.

Family Counseling: Providing face to face counseling treatment for a family unit.

Consultation: Providing or seeking professional advice regarding clients.

Counseling Related: Direct counseling work not covered in any other category. Please use additional paper to detail these hours.

Screening/Assessment: Hours administering, scoring, or conducting psychological tests, interviews, mental status examinations, etc.

Intake/Diagnostic: Time spent researching diagnostic materials; intake reports, discharge reports, etc.

Crisis Intervention: Time spent handling crisis.

Case Mgt.: Time spent writing letters and notes; telephoning and/or meeting with others to schedule; corresponding with others about clients via mail, fax, and/or email; completing insurance forms and writing letters to insurance companies; etc.

ALPS Supervision: The number of hours spent in individual supervision with an approved Licensed Professional Supervisor. The minimum requirement is 20/1. **For every twenty hours spent in counseling and counseling related activities, one hour is to be spent in supervision with an ALPS.**

Total Hours Across the bottom of the form: These totals are for each week.

Total Hours down the right side: These totals are for the category.

Grand Total for the Quarter: The box on the bottom right corner will contain the total number of hours for the quarter.

# QUARTERLY INDIVIDUAL SUPERVISION REPORT

West Virginia Board of Examiners in Counseling

The quarterly reports are to be submitted within 15 days of the end of each quarter. Signatures of the supervisor and supervisee certify that the information contained in this report is accurate and true.

Supervisee Name: \_\_\_\_\_ ALPS Name: \_\_\_\_\_

Quarter (Circle)      1      2      3      4      Year \_\_\_\_\_      From \_\_\_\_\_      To \_\_\_\_\_

Comments: \_\_\_\_\_

**Please input 1/4, 1/2, and 3/4 hours as .25, .50, or .75 by rounding to the nearest 1/4 hour. For example: If your counseling activity totaled 3 hours and 35 minutes, you would enter your hours as 3.50. If your counseling activity totaled 2 hours and 10 minutes, you would enter your hours as 2.25.**

Activity	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Total Number Of Hours	Percentage
Individual Counseling														0	
Group Counseling														0	
Family Counseling														0	
Crisis Counseling														0	
Classroom Guidance for School Counselors ONLY														0	0%
Consultation														0	
OTHER <small>(see instructions)</small>														0	
ALPS Supervision														0	
<b>Total Hours</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
														0	The number to the left reflects the minimum number of supervision hours you need to meet the 20/1 ratio this quarter.

Signatures:

\_\_\_\_\_  
ALPS Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisee

\_\_\_\_\_  
Date