LICENSED CLINICAL PROFESSIONAL COUNSELOR

* Out of State Applicants*

*This form should be completed if you are **currently licensed** as a **clinical professional counselor** in a jurisdiction outside the State of Maryland.*

APPLICATION INSTRUCTIONS

** IMPORTANT **

BEFORE submitting your application, please:

□ Retain a copy of all documents for your records. Documents **will not** be returned once received by the Board.

□ **Within 30 days after receipt of the application, the Board will determine if the application is complete**.

PLEASE DO NOT CONTACT THE BOARD REGARDING THE STATUS OF YOUR APPLICATION **LESS THAN 30 DAYS** FROM THE DATE IT WAS SUBMITTED. DUE TO THE VOLUME OF APPLICATIONS RECIVED BY THE BOARD, SUCH REQUESTS CANNOT BE ANSWERED.

If the application is not complete, the Board will notify you, in writing, and you will have 90 days from the date of the notice to provide the requested documentation. If you do not provide the required information within 90 days, your application will be closed and all documents will be discarded. The Board does not retain incomplete applications. You will be required to submit a new application and pay the required application fee.

□ All forms must be legible, complete, signed, and dated (where applicable) or processing may be delayed.

□ Include a check or money order in the amount of $250 payable to: *Maryland Board of Professional Counselors and Therapists*. A separate license fee of $150 will be due upon notification of eligibility from the Board. Fees are **non-refundable and non-transferable.**

□ Applications **may not** be submitted via fax, email or in-person. Please mail to:

Board of Professional Counselors and Therapists
Attn: LCPC Licensing Coordinator
4201 Patterson Avenue, Suite 316
Baltimore, MD 21215

ELIGIBLITY/REQUIREMENTS: *The following is a summary only. For complete requirements and definitions, see Md. Code Ann. Health Occ., §17-101, et. seq. and COMAR 10.58.01.10, which may be found on the Board's website,* www.health.maryland.gov/bopc.

□ **Verification of Out of State License**: Applicant must include a copy of the license currently held in another jurisdiction. Applicant must also complete the Verification of Out of State License form (attached to this application) and send the form to the appropriate State licensing authority for completion. The licensing authority must forward the completed form *directly* to the Board.

□ If you are currently licensed as a clinical professional counselor in another jurisdiction that has requirements that are **equivalent to or exceed** the requirements in Health Occ. Article, Md. Ann. Code §17-304, you may complete this application and upon review by the Board, may be entitled to licensure as a clinical professional counselor. You must provide your jurisdiction's requirements for clinical licensure for comparison with Maryland's requirements.

□ If your jurisdiction's requirements for clinical licensure are **not equivalent** to Maryland's requirements, the Board may waive the educational and/or experiential requirements in certain circumstances, as set forth in COMAR 10.58.01.10 and summarized below:

□ **Equivalent Educational Requirements:** Applicant shall:

Provide **official** transcripts confirming completion of a master's or doctoral degree in a professional counseling from an accredited educational institution approved by the Board.

Documentation of graduate coursework as set forth in COMAR 10.58.01.10, which includes 3 semester credits in each of the following areas:

- Professional, legal, and ethical responsibilities;
- Diagnosis and psychopathology; and
- Psychotherapy and treatment of mental and emotional disorders.

□ **Equivalent Experience Requirements**:

If the applicant holds *a master's degree* and has a minimum of 60 graduate credit hours, the applicant must provide documentation satisfactory to the Board, of not less than 3 years with a minimum of 3,000 hours of supervised clinical experience in professional counseling, 2 years of which shall have been completed after the award of the master's degree;

If the applicant holds *a master's degree* consisting of less than 60 graduate credit hours, the applicant must provide documentation satisfactory to the Board, of not less than 3 years' experience practicing as a licensed clinical professional counselor, with a minimum of 3,000 hours of clinical professional counseling experience; **or**

If the applicant holds a *doctoral degree*, the applicant must provide documentation satisfactory to the Board, of not less 2 years practicing as a clinical professional counselor, or a minimum of 2000 hours of clinical professional counseling experience.

Please use the Professional Experience Verification form attached to this application. You may copy and submit additional forms, if necessary.

□ **National Credentials Registry (NCR) of the American Association of State Counseling Boards (AASCB):** if the applicant is registered with NCR or its successor as meeting the out of State applicant requirements for Maryland, the Board may issue a license upon the applicant's achieving a passing score on the Maryland law exam.

□ **Examinations.** Applicant must pass the following:

1) The National Counselors Exam (NCE); ***and***

2) Maryland Law Assessment

1) **NCE (or NCMHCE)**: Please include a copy of your score with the application.

2) **Maryland law exam**:

Maryland Law Assessment (MLA):

The purpose of the assessment is to determine if a candidate is familiar with the state laws and ethical code related to safe and effective practice across several content areas. The MLA is a no-fail, no score assessment. Content areas include supervision and ethics questions based on excerpts from the Code of Maryland Regulations (COMAR) and Md. Code Ann., Health Occupations Art., Title 17.

The MLA consists of 36 questions. You will be presented with readings and questions until all items are answered correctly. Upon successful completion, you will receive a Certificate of Completion that you will submit to the Board with your application for licensure or certification.

Prior Board approval is not required to take the MLA. However, if you take the MLA before you submit an application for licensure/certification with the Board, please note the following:

- Should you later decide not to apply for licensure/certification with the Board, the MLA fee will not be refunded.

- You are responsible for submitting the MLA Certificate of Completion to the Board with your application for licensure/certification. Do not email, fax or mail the certificate of completion separately to the Maryland Board. MLA Certificates of Completion received without a completed application will not be retained.

- MLA Certificates of Completion are valid for one year from the date of the MLA. If you do not apply for licensure/certification within one year from the date of the MLA, you will be required to re-take the MLA at your additional expense.

To take the MLA, use the following link: www.academy.cce-global.org.
If you experience any issues, please contact the assessment administrator, CCE, Monday thru Friday 8:30am 5pm at 336.482.2856. You may also email for technical support at support@cce-global.org. Please do not contact the Board regarding technical support issues.

If you have already taken and passed the previous Maryland Law Exam, this notice does not apply to you and no further action is necessary.

□ **Criminal History Records Check** All applicants must complete a criminal history records check (CHRC).

If you are located in Maryland at the time of your application, please use the attached form for the CHRC.

If you will obtain a CHRC in another state, you must contact the Board to receive the required form. The form attached to this application WILL NOT be accepted outside of Maryland.

Applicant must include a copy of the receipt from the CHRC with this application. This allows the Board to access the report online from the Criminal Justice Information System.

Please note: A license will not be issued unless and until the Board determines that the applicant has completed **ALL** requirements including required coursework, examinations, CHRC, and any other requirements set by the Board in accordance with Maryland law.

MARYLAND
Department of Health

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS
4201 Patterson Avenue, Suite 316, Baltimore, Maryland 21215-2299

LICENSED CLINICAL PROFESSIONAL COUNSELOR

OUT OF STATE – APPLICATION

Please type or print all information.

I. VETERANS AND SPOUSAL PREFERENCE

Are you an active service member or the spouse of any active service member? □ Yes □ No

Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one year of filing this application? □ Yes □ No

II. DEMOGRAPHIC INFORMATION

Name: _____
Last *First* *MI* *Maiden*

SSN:_____Date of Birth:_____Place of Birth: _____

Home Phone:_____Work:_____Cell:_____Email: _____

Home Address: _____
Street *City* *State* *Zip*

Prior address: _____
(If less than 3 years at current address) *Street* *City* *State* *Zip*

Mailing Address: _____
(If different than above) *Street* *City* *State* *Zip*

Business: _____
Name *Street* *City* *State* *Zip*

Gender and Ethnicity: *This information is optional and may be used for statistical purposes by authorized personnel.*

Gender: □ Male □ Female

Ethnicity: Are you of Hispanic or Latino origin? □ Yes □ No

Check all that apply:

□ American Indian or Alaska Native □ Asian □ White

□ Black or African American □ Native Hawaiian or Pacific Islander

III. INFORMATION REGARDING BACKGROUND

Please answer Yes or No to each question.

YES NO

□ □ 1. Has any state licensing or disciplinary board ever taken any disciplinary action against your license or certification, including, but not limited to, charges, admonishment, reprimand, revocation, or suspension?

If yes, attach a separate page with a complete explanation of each occurrence (include date, time, location, disposition, etc.) and a copy of the disciplinary/court document from the issuing agency, if applicable.

□ □ 2. Have you pled guilty, nolo contendere, or been convicted of, received probation before judgment or had a conviction set aside for any criminal act in any state, territory, or jurisdiction (excluding minor traffic violations)?

If yes, attach a separate page with a complete explanation of each occurrence (include date, time, location, disposition, etc.) and a certified copy of the disciplinary/court document from the issuing agency.

Please note that if you do not answer this question or fail to disclose and provide the requested information your application will be administratively closed without further review. You will be required to submit a new application and pay the required fee. In addition, you may be required to appear before the Board regarding your failure to provide the required information.

□ □ 3. Are you currently on parole, probation or under any other court ordered supervision in any state, territory, or jurisdiction related to a criminal conviction? If so, you must submit official documentation indicating the terms and conditions, start and end dates, compliance and/or completion of the parole, probation or court ordered supervision with your application.

Please note that if you fail to disclose and provide the requested information your application will be administratively closed without further review. You will be required to submit a new application and pay the required fee.

IV. EDUCATION: List colleges or universities attended to satisfy academic requirements for licensure or certification. Do not list degrees unrelated to counseling. Please list the most recent colleges/universities first and provide **official** transcripts. Attach additional sheets, if necessary.

A. _____

Name of School *City* *State*

Dates attended: From (mo./yr.) _____ To (mo./yr.) _____

Degree awarded: _____ Date awarded: _____

Major field of study: _____

B. _____

Name of School *City* *State*

Dates attended: From (mo./yr.) _____ To (mo./yr.) _____

Degree awarded: _____ Date awarded: _____

Major field of study: _____

C. _____

Name of School *City* *State*

Dates attended: From (mo./yr.) _____ To (mo./yr.) _____

Degree awarded: _____ Date awarded: _____

Major field of study: _____

V. COURSES: Complete the chart below. If the title of your course differs from those listed, you must include a catalog course description or syllabus for each course. A course applied to one topic area **may not** be used to fulfill another topic area. Each course must be 3 semester or 5 quarter credit hours. Official transcript(s) must be attached to this application. You may attach separate sheet(s) for additional relevant coursework.

Topic Area	Course Title and Number (Must appear on transcript)	Credits Earned	College/Univ.	Date	Grade
Prof., Legal, Ethical Resp.					
Diagnosis and Psychopathology					
Psychotherapy/ treatment of mental and emotional disorders					

VI. EXAMINATIONS

A. Have you passed the NCE OR NCMHCE? □ Yes □ No If yes, please include a copy of test score.

B. Have you passed the Maryland law exam? □ Yes □ No If yes, please include a copy of test score.

VII. PROFESSIONAL REFERENCES (3): List at least 3 professional references who can attest to your counseling skills, professional standards of practice and supervised clinical work. You must include three (3) Professional Reference assessment forms in their original sealed envelopes with the application. Forms are attached.

A. Name of Reference: _____

Degree:_____Certification/License: _____

Position:_____Business Name: _____

Business Address: _____

Business Phone: _____

Will this reference be verifying some or all of your supervised clinical experience? □ Yes □ No

B.
Name of Reference: _____

Degree:_____Certification/License: _____

Position:_____Business Name: _____

Business Address: _____
Business Phone: _____

Will this reference be verifying some or all of your supervised clinical experience? □ Yes □ No

C. Name of Reference: _____

Degree:_____Certification/License: _____

Position:_____Business Name: _____

Business Address: _____

Business Phone: _____

Will this reference be verifying some or all of your supervised clinical experience? □ Yes □ No

VIII. PROFESSIONAL CLINICAL EXPERIENCE: Applicant must include a completed Professional Experience Verification(s) with this application. Forms are attached to application.

IX. NATIONAL CREDENTIALS REGISTRY: If applicable, applicant must provide proof of registration with NCR or its successor as meeting the out of State applicant requirements for Maryland.

X. AFFIDAVIT

In making this application to the Maryland Board of Professional Counselors and Therapists (the "Board") for the issuance of a Licensed Clinical Professional Counselor credential:

□ I agree to abide by the rules and regulations of the Board and to take all examinations necessary for the processing of my application;

□ Upon issuance of certification, I agree to abide by the Code of Ethics as set forth in COMAR;

□ I understand that the fee submitted with this application is **NON-REFUNDABLE**;

□ I agree to hold the Board, its members, officers, agents, and examiners free from any damage or claim of damage or complaint by reason of any action taken in connection with this application, the attendant examination, the grades with respect to any examination, and/or the failure or refusal of the Board to issue me a license or certificate.

□ I grant permission to the Board to seek any information or references it deems appropriate or necessary in verifying my credentials as it pertains to this application.

□ I understand, by law, it is my responsibility to notify the Board, in writing, of any change of contact information including address, phone number, and/or email address.

I do hereby affirm that all of the statements made herein are true and correct to the best of my knowledge and belief. I voluntarily consent to a thorough review of the information in this application and other activities for the purpose of verifying my qualifications for certification or licensure.

_____ Applicant's Signature	_____ Date

ATTACH
APPLICANT PHOTO

(Recent 2"x2")

NOTARY

State of _____

City/County of _____

I HEREBY CERTIFY that on this_____day of_____, before me, a Notary Public of the State and City/County aforesaid, personally appeared_____and made oath in due form that the contents of the foregoing Affidavit are true.

Notary Public_____Commission Expires:_____.

PROFESSIONAL REFERENCE ASSESSMENT

Applicant's Name: _____

The above-named individual has applied to the Maryland State Board of Professional Counselors and Therapists to become a licensed professional counselor. Your assessment will help determine the applicant's eligibility for licensure. Please answer all questions to the best of your knowledge, information, and belief.

PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE.

Reference's Name:_____ Phone: _____

Business Address: _____

Degree:_____ Title: _____

Professional Certification/License:_____ State/Certifying Org.: _____

Relationship to Applicant: □ Educator □ Prof. Colleague □ Supervisor (must sign Supervision Verification form) □ Other: _____

Length of time you have known Applicant: From (mo./yr.)_____To (mo./yr.) _____

Please rate the Applicant on the following skills/characteristics. Place a check √ in each category. *(Applicants who are counselor educators should be evaluated on the basis of their ability to train students in counseling skill areas).*	***Outstanding***	***Above Avg.***	***Average***	***Below Avg.***	***Poor***	***Cannot evaluate***
Individual counseling skills						
Appropriate referral making skills						
Group counseling skills						
Personal integrity						
Consulting skills						
Insight to client's problems						
Ability to relate to co-workers						
Objectivity on the job						
Ethical conduct						
Concern for welfare of clients						
Sense of responsibility						
Recognition of own limits						
Supervisory ability						
Ability to keep material confidential						

Additional Comments (optional): _____

_____

_____

_____

I recommend this Applicant for licensure as a clinical professional counselor: □ Yes □ No

The information provided above is based on my best knowledge, information, and belief. I agree to answer additional questions regarding this evaluation if requested by the Board.

_____ _____

Reference's signature Date

PROFESSIONAL REFERENCE ASSESSMENT

Applicant's Name: _____

The above-named individual has applied to the Maryland State Board of Professional Counselors and Therapists to become a licensed professional counselor. Your assessment will help determine the applicant's eligibility for licensure. Please answer all questions to the best of your knowledge, information, and belief.

PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE.

Reference's Name:_____ Phone: _____

Business Address: _____

Degree:_____ Title: _____

Professional Certification/License:_____State/Certifying Org.: _____

Relationship to Applicant: □ Educator □ Prof. Colleague □ Supervisor (must sign Supervision Verification form) □ Other: _____

Length of time you have known Applicant: From (mo./yr.)_____To (mo./yr.) _____

Please rate the Applicant on the following skills/characteristics. Place a check √ in each category. *(Applicants who are counselor educators should be evaluated on the basis of their ability to train students in counseling skill areas).*	***Outstanding***	***Above Avg.***	***Average***	***Below Avg.***	***Poor***	***Cannot evaluate***
Individual counseling skills						
Appropriate referral making skills						
Group counseling skills						
Personal integrity						
Consulting skills						
Insight to client's problems						
Ability to relate to co-workers						
Objectivity on the job						
Ethical conduct						
Concern for welfare of clients						
Sense of responsibility						
Recognition of own limits						
Supervisory ability						
Ability to keep material confidential						

Additional Comments (optional): _____

_____

_____

_____

I recommend this Applicant for licensure as a clinical professional counselor: □ Yes □ No

The information provided above is based on my best knowledge, information, and belief. I agree to answer additional questions regarding this evaluation if requested by the Board.

_____ _____

Reference's signature Date

PROFESSIONAL REFERENCE ASSESSMENT

Applicant's Name: _____

The above-named individual has applied to the Maryland State Board of Professional Counselors and Therapists to become a licensed professional counselor. Your assessment will help determine the applicant's eligibility for licensure. Please answer all questions to the best of your knowledge, information, and belief.

PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE.

Reference's Name:_____ Phone: _____

Business Address: _____

Degree:_____ Title: _____

Professional Certification/License:_____State/Certifying Org.: _____

Relationship to Applicant: □ Educator □ Prof. Colleague □ Supervisor (must sign Supervision Verification form) □ Other: _____

Length of time you have known Applicant: From (mo./yr.)_____To (mo./yr.) _____

Please rate the Applicant on the following skills/characteristics. Place a check √ in each category. *(Applicants who are counselor educators should be evaluated on the basis of their ability to train students in counseling skill areas).*	***Outstanding***	***Above Avg.***	***Average***	***Below Avg.***	***Poor***	***Cannot evaluate***
Individual counseling skills						
Appropriate referral making skills						
Group counseling skills						
Personal integrity						
Consulting skills						
Insight to client's problems						
Ability to relate to co-workers						
Objectivity on the job						
Ethical conduct						
Concern for welfare of clients						
Sense of responsibility						
Recognition of own limits						
Supervisory ability						
Ability to keep material confidential						

Additional Comments (optional): _____

_____

_____

_____

I recommend this Applicant for licensure as a clinical professional counselor: □ Yes □ No

The information provided above is based on my best knowledge, information, and belief. I agree to answer additional questions regarding this evaluation if requested by the Board.

_____ _____

Reference's signature Date

MARYLAND
Department of Health

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS
4201 Patterson Avenue, Suite 316, Baltimore, Maryland 21215-2299

PROFESSIONAL EXPERIENCE VERIFICATION

The applicant listed below has applied to the Maryland State Board of Professional Counselors and Therapists to be licensed as a clinical professional counselor.

Please complete this form and return to the applicant in a sealed envelope with your signature across the flap. The Board will accept verification from past or present employers, supervisors, or colleagues.

This is to verify that_____(Applicant) holds:

□ A *master's degree* and has a minimum of 60 graduate credit hours and not less than 3 years with a minimum of 3,000 hours, of supervised clinical experience in professional counseling, 2 years of which were completed after the award of the master's degree;

.

□ A *master's degree* consisting of less than 60 graduate credit hours and not less than 3 years' experience practicing as a licensed clinical professional counselor, with a minimum of 3,000 hours of clinical professional counseling experience; or

□ A *doctoral degree* and not less 2 years practicing as a clinical professional counselor, or a minimum of 2,000 hours of clinical professional counseling experience.

I attest that the above is true and accurate to the best of my knowledge, information, and belief.

_____ _____
Name (Printed) Signature Date

_____
Business Address

_____
Daytime Phone Email

_____
Lic. Title Lic. # State of Issuance Exp. Date

STATE VERIFICATION OF LICENSE

To be completed by Applicant:

Name:_____ D.O.B.: _____

Address: _____

SSN:_____ Lic. Title & Number: _____

Graduate School:_____ Degree: _____

Date Awarded:_____ Total Graduate Credits Earned: _____
Yrs. experience practicing as LCPC: _____

I authorize the information requested below to be provided to the Maryland Board of Professional Counselors and Therapists.

_____ _____
Applicant's Signature Date

To be completed by State of licensure and returned directly to:

Maryland Board of Professional Counselors
4201 Patterson Ave., Suite 316
Baltimore, MD 21215

Please do not return to the Applicant.

Issuing State:_____ Lic. Title:_____ Date of Orig. Issuance: _____

Issued by: □ Examination – Title and date of exam: _____

□ Endorsement/Reciprocity □ Grandfather clause

Applicant's License is: □ Active, expires:_____ □ Inactive, expired:_____.

Has the Applicant's license ever been placed on probation, restricted, suspended, or revoked?
□ Yes, please provide explanation on reverse side. □ No

_____ _____
Name and Title (Printed) Date

_____
Signature

SEAL

MARYLAND
Department of Health

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS
4201 Patterson Avenue, Suite 316, Baltimore, Maryland 21215-2299

NOTICE OF CRIMINAL HISTORY RECORDS CHECK

Effective January 1, 2014, the Maryland Board of Professional Counselors and Therapists (the "Board") requires that all applicants for licensure, certification, and trainee status complete a criminal history records check in accordance with §§17-501 and 17-501.1 of the Health Occupations Article, Annotated Code of Maryland.

A Criminal History Records Check includes a national and state criminal history background search. The criminal history records check requires you to befingerprinted. In order to be fingerprinted, you will need to complete and present the LiveScan Pre-Registration Form. (Attached).

You must present this form to thefingerprinting site because it provides the Criminal Justice Information System (CJIS) authorization number **#1300005490** and theFBI ORI number **#MD920512Z** assigned specificallyto the Board.

This allows the information to be forwarded directly to the Board.
For additional information contact CJIS at 410-764-4501. For current listings of fingerprinting providers please go to http: //www.dpscs.maryland.gov/publicservs/fingerprint.shtml.

FOR FAST AND ACCURATE SERVICE

1. When requesting a criminal history records check for licensing purposes you must have an agency name and authorization number (Listed above).

2. Your background check is being sent to the Board.

3. You must bring a valid form of government identification. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification).

4. Complete the LiveScan Pre-registration Application and bring it to any fingerprinting center/provider.

5. Bring payment as indicated above. The Board will receive the results from the criminal history records check directly from CJIS within *5-7* business days. The Board will contact you if it has any questions regarding the report. Please do not contact the Board to check if the report has been received.

6. Please do not send the LiveScan Pre-registration Application to the Board. You must present it at the fingerprint center/provider location.

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION *(PLEASE TYPE OR PRINT CLEARLY)*

Name:			
Date of birth:	SSN:	Gender: ☐ Male ☐ Female *(Please check)*	
Height: ft. inches	Weight: lbs.	Eye Color:	Hair Color:
Race: ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ Native American ☐ Other *(Please check)*			
Place of Birth:		Citizenship:	
Current address:			
City:		State:	ZIP Code: -
Daytime Phone:	Evening Phone:	Driver's License #:	

AGENCY INFORMATION

Agency Authorization #: 1300005490

ORI # (If required): MD920512Z

Reason fingerprinted? License/Cert.

Position Applied for: N/A

Request Type: *(Choose one ONLY)*

- ☐ Adult Dependent Care
- ☐ Attorney/Client
- ☐ Child care
- ☐ Criminal Justice
- ☐ Gold Seal/ Adoption
- ☐ Gold Seal/Letter/VISA
- ☐ Government Employment
- ☒ Government Licensing or Certification
- ☐ Immigration/VISA
- ☐ Individual Challenge
- ☐ Individual Review
- ☐ MSP Licensing
- ☐ Private Party Petition
- ☐ Public Housing

Mail Response to:
(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: _____

Address: _____

City, State, Zip code: _____

CHECKLIST FOR **Out of State LCPC** APPLICATION

☐ Official transcript(s) in the sealed envelope sent to you from educational institution.

☐ NCE and Maryland Law Assessment exam scores (if applicable).

☐ Three (3) completed Professional Reference Assessment forms in sealed envelopes to you from each professional reference.

☐ Professional Experience Verification(s).

☐ Application is signed and notarized.

☐ Recent photo (2”x2”).

☐ Copy of receipt from criminal history records check.

☐ Check or money order in the amount of $250 payable to the Board of Professional Counselors and Therapists.

** Remember to make a copy of completed application and attachments for your records.