



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

PRE-APPLICATION COURSE/SUPERVISED CLINICAL EXPERIENCE HOURS EVALUATION

(for LCPC or LGPC)

Complete and submit this form if you would like your coursework and/or supervised clinical experience hours evaluated prior to submitting a formal application to the Board.

1. Complete the Course Description form (attached). Include all of the courses that you would like evaluated. Please make sure your name and address appear on the form.
2. If you would like your supervision hours to be reviewed, please complete the Supervision Hours form (attached).
3. Include unofficial transcript(s).
4. Include course catalog descriptions and/or syllabi if the title of a course(s) is different from those listed on the form.
5. Include a check or money order payable to the Board of Professional Counselors and Therapists in the amount of \$50.00. This fee is non-refundable and non-transferrable.
6. Mail the completed course form and required documents to:

Maryland Board of Professional Counselors and Therapists
Attn: Prof. Counselor Licensing Coordinator
4201 Patterson Ave., Suite 300
Baltimore, MD 21215

** Please retain a copy of all documents sent to the Board for your records.

** Please insure you have included all necessary documents. Incomplete forms will result in a delay in processing and may result in additional evaluation fees.

** The Board will review your pre-application course/supervision evaluation and respond to you in writing. Please retain a copy of the Board's response for your records.



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PRE-APPLICATION COURSE EVALUATION

(for LCPC or LGPC)

Name: _____ Applying for: LCPC LGPC

Address: _____

Phone: _____ Email: _____

College/Univ.: _____ Degree: _____ Year: _____

Major: _____ Minor: _____

Please complete the following chart.

- Please note:
- All courses must be 3 semester or 5 quarter credit, graduate-level courses from an accredited educational institution (*do not list courses unrelated to counseling*)
 - A course applied to one topic areas ***cannot*** be used for another topic area; and
 - Include unofficial transcript(s), course descriptions (if necessary) and check/ money order.

Topic Area	Course Title and Number (Must appear on transcript)	Credits Earned	College/Univ.	Date	Grade
Human Growth and Personality Development					
Social and Cultural Foundations of Counseling					
Counseling Theory					
Counseling Techniques					
Group Dynamics, Processing, Counseling					
Lifestyle and Career Development					
Appraisal and Diagnosis					
Research and Evaluation					

Topic Area	Course Title and Number as appears on transcript	Credits Earned	College/Univ.	Date	Grade
Prof., Legal, Ethical Resp.					
Marriage and Family Therapy					
Alcohol and Drug Counseling					
Supervised Field Exp.					
Diagnosis and Psychopathology					
Psychotherapy/ treatment of mental and emotional disorders					

****Total credits earned: _____

-60 semester/90 quarter credits required for Master's degree, 90 semester/120 quarter credits required for Ph.D. Complete educational requirements and examples of courses may be found at www.health.maryland.gov/bopc under Professional Counselors.

ADDITIONAL COURSES (ELECTIVES)

Topic Area	Course Title and Number (Must appear on transcript)	Credits Earned	College/Univ.	Date	Grade

Supervision Evaluation (Optional):

A. Practicum/Internship (up to 1000 hours may be applied toward 3000 hours required)

1. Agency/school/organization where internship was obtained: _____

Name and credential of supervisor: _____

Inclusive dates of experience: from (mo./yr.) _____ to (mo./yr.) _____

Total number of months worked: _____ Total number of hours per week: _____

Total number of hours worked during practicum/internship (No. of months x 4 x no. hours worked each week): _____

2. Agency/school/organization where internship was obtained: _____

Name and credential of supervisor: _____

Inclusive dates of experience: from (mo./yr.) _____ to (mo./yr.) _____

Total number of months worked: _____ Total number of hours per week: _____

Total number of hours worked (No. of months x 4 x no. hours worked each week): _____

B. Clinical counseling experience obtained *after* the award of master's or doctoral degree **and** after obtaining licensure as a graduate professional counselor (LGPC).

1. Agency/ /organization name and address: _____

Name and credential of supervisor: _____ Phone: _____

Inclusive dates of experience: from (mo./yr.) _____ to (mo./yr.) _____

Applicant's job title and duties: _____

Total number of months worked: _____ Total number of hours per week: _____

Total number of hours worked (No. of months x 4 x no. hours worked each week): _____

2. Agency/ /organization name and address: _____

Name and credential of supervisor: _____ Phone: _____

Inclusive dates of experience: from (mo./yr.) _____ to (mo./yr.) _____

Applicant's job title and duties: _____

Total number of months worked: _____ Total number of hours per week: _____

Total number of hours worked (No. of months x 4 x no. hours worked each week): _____

3. Agency/ /organization name and address: _____

Name and credential of supervisor: _____ Phone: _____

Inclusive dates of experience: from (mo./yr.) _____ to (mo./yr.) _____

Applicant's job title and duties: _____

Total number of months worked: _____ Total number of hours per week: _____

Total number of hours worked (No. of months x 4 x no. hours worked each week): _____