



Professional Experience Verification Form
Maryland Board of Professional Counselors and Therapists
4201 Patterson Avenue – Suite 316
Baltimore, MD 21215
www.dhmh.state.md.us/bopc
(410) 764-4735

The person named below has applied to the Board of Professional Counselors and Therapists to become a Licensed Clinical Professional Counselor, LCPC. Your documentation of the applicant’s professional counselor experience will enable the Board to evaluate whether this applicant meets the requirements for licensure. **Please attest to the following statement and return the form to the applicant in a sealed envelope with the sealed flap signed.**

(Print name of applicant) _____ has

A master’s degree with **60 graduate credits or 90 quarter credits** and at least 3 years licensed as an LCPC with 3,000 hours of supervised experience of which 2 years completed after the award of degree.

Are you a licensed Professional Counselor? Yes No

License Number: _____ State: _____ Expiration Date: _____

Are you licensed as another mental health care provider? Yes No

If yes, where are you licensed? State: _____ License Number: _____ Expiration Date: _____

I HEREBY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE INFORMATION AND BELIEF.

Check one: ___ Applicant’s supervisor ___ Applicant’s employer ___ Applicant’s colleague
 (In the case of colleague, provide documentation of colleague’s mental health credentials)

Your Name: _____

Signature: _____

Date: _____

Your Business Address: _____

 _____ Zip Code: _____

Daytime Contact: _____