

# COURSE DESCRIPTION FORM

## Maryland Board of Professional Counselors and Therapists

4201 Patterson Avenue, Baltimore, MD 21215

Main Number 410-764-4732- (fax) 410-358-1610

[www.dhmh.state.md.us/bopc/](http://www.dhmh.state.md.us/bopc/)

NAME	ADDRESS	ZIP CODE

I AM APPLYING FOR LCPC

Complete this form. The three courses below must be **graduate-level** and from an accredited college. Each course must be at least 3-graduate credits or 5 Quarter credits covering the primary topic or content area. Do not list courses that are NOT directly related to counseling. You must include college catalog description(s) or course syllabi if the titles of *your* courses are different from the courses listed on this form. ***Applications will be returned if you do not include descriptions and you will be charged another review fee.***

<i>Required Courses</i>	<i>Write in Course Number(s) &amp; Course Title(s)</i>	<i>Credits Earned</i>	<i>College/University</i>	<i>Date</i>	<i>Grade</i>
(a) Diagnosis & Psychopathology					
(b) Psychotherapy and Treatment of Mental and Emotional Disorders					
(c) Professional, Legal & Ethical Responsibilities					