

LGPC APPLICATION INSTRUCTIONS

1. **APPLICATION:** - Applications are to be typed or printed legibly. All questions on the application must be answered. Please read through the application form carefully before filling out application.

* All documentation must be original, on the forms currently in use by the Board and submitted as a complete application packet;

* Documentation containing white out or corrections will not be accepted by the Board.

2. **FEES:** Application fee of \$200.00 must be included with the application. Make your check payable to the Board of Professional Counselors and Therapists. The licensure fee of \$150.00 which you will be notified to submit once approved. **FEES ARE NON-REFUNDABLE.**

3. **OFFICIAL TRANSCRIPT(S):** Please have your college send your official transcript(s) directly to you in a sealed envelope. Send your sealed official transcript(s), the application, and the application fee to the Board in **ONE** packet. Please do not have the college or university mail the official transcript directly to the Board.

The official seal of the college or university is required on all official transcripts with the date the degree was awarded/conferred.

4. **EDUCATION:** – Applicants must hold a master’s degree with a minimum of 60 graduate semester credits or 90 graduate quarter credits. For Doctoral Degree holders, 90 graduate credits or 135 graduate quarter credits.

For both the Masters and Doctorate degree applicants must have **a minimum of three (3) graduate semester credit hours or five (5) graduate quarter credits in each of the following core courses:**

- Human Growth and Development
- Social and Cultural Foundations of Counseling
- Counseling Theory
- Counseling Techniques
- Group, dynamics, processing and counseling
- Lifestyle and Career Development
- Appraisal of Individuals
- Research and Evaluation
- Professional, Legal and Ethical Responsibilities
- Marriage and Family Therapy
- Supervised Field Experience
- Alcohol and Drug Counseling
- Diagnosis and Psychopathology
- Psychotherapy and Treatment of Mental Emotional Disorders

5. EXAMINATION:

- a. To become licensed by the Board applicants must pass the NCE of the NBCC and the Maryland Law Test.
- b. After your application is received, reviewed and approved by the Maryland Board of Professional Counselors and Therapists you will be notified that you are approved to sit for the National Counselor Examination (NCE) and Maryland Law Test.

The National Board of Certified Counselors (NBCC) will be notified of your eligibility and you will be sent an examination registration form from the Board. Please go to our website, www.dhmh.maryland.gov/bopc for current examination dates. The NCE is now Computer Based and is administered on the first full week of each month. The Maryland Law test is administered at the Board's office, twice monthly.

- 6. GRADUATE PROFESSIONAL COUNSELOR:** A licensed graduate professional counselor may practice graduate professional counseling for 2 years under the supervision of an approved supervisor while fulfilling the 2-years post graduate supervised clinical experience requirement.
- 7. RENEWAL:** The Board may renew a graduate license for 2 years upon written request for renewal. In order to process your renewal in a timely manner, the request must be submitted two (2) months before the graduate license is due to expire.

In order to renew the graduate license the following is required:

- Submit a completed renewal application;
- Ensure that all Maryland State Taxes and Unemployment Insurance Contributions have been paid;
- Pay the \$311.00 renewal fee, plus, the Maryland Health Care Commission fee ;
- Submit documentation of continuing education hours (40 hours for 2-year extension, 20 hours of Category A for 1-year extension).
- Please call the Board staff to request the necessary paperwork
- Mail all of the above to:

Board of Professional Counselors and Therapists
4201 Patterson Avenue – Suite 316
Baltimore, Maryland 21215

MARYLAND APPLICATION FOR LICENSED GRADUATE PROFESSIONAL COUNSELOR



Maryland Board of Professional Counselors and Therapists
4201 Patterson Avenue
Baltimore, MD 21215 3rd Floor
410-764-4732
www.dhbmh.maryland.gov/hopc

FOR OFFICE USE ONLY

LICENSE NUM/DATE: _____
 EPPP SCORE/DATE: _____
 LAW SCORE/DATE: _____
 BCKGRD RESULTS: _____
 REVIEWER: _____
 DATE REVIEWED: _____
 COMMENTS: _____

TYPE OR PRINT ALL INFORMATION

VETERANS AND SPOUSAL PREFERENCE

- 1) Are you an active service member or the spouse of an active service member? Yes No
- 2) Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one (1) year of filing this application? Yes No

DEMOGRAPHIC INFORMATION

Social Security No.		Date of Birth:		Place of Birth:		
Name:	Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>					
Last Name			First Name		MI	Maiden
Home Address:						
	Street	City	County	State	Zip Code	
If less than 3 years provide prior address.						
	Street	City	County	State	Zip Code	
Mailing Address:(If different than above)						
	Street	City	County	State	Zip Code	
Business Name and Address:						
	Name	Street	City	County	State	Zip Code
Home Phone:	Work:	Cell:	Email:			

Province/Country if not U.S.

GENDER AND ETHNICITY: This information is optional and will 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 Black or African American White
- Asian Native Hawaiian or other Pacific Islander

EXAMINATION

Have you successfully passed the National Counselors Examination (NCE)?

Yes No

If answer is No, you must meet the education requirements before receiving approval by the Board to take the NCE and the Law test. Submit this application and supporting documents to enable the aboard to evaluate your education.

If the answer is Yes, please include documentation of passing score with the application.

Date of exam?

Exam Score

ADDITIONAL INFORMATION

a. Have you ever been denied an initial application, reinstatement or renewal of a license and /or certificate by any state licensing or disciplinary board?

Yes No

If "yes" explain reason(s).

b. Has any state licensing or disciplinary board ever taken any action against your license and/or certification, including but not limited to limitations of practice, required education, admonishment, reprimand, revocation, suspension?

Yes No

If yes, explain circumstance(s).

c. Has an investigation or charges ever been brought against you by any licensing or disciplinary board?

Yes No

If yes, explain circumstance(s).

d. Have you pled guilty, nolo contendere, or been convicted of or received probation before judgment or any criminal act (excluding traffic violations)?

Yes No

If "yes" provide the following information: Date of Conviction:

Where convicted

Charge

If conviction was set aside, give date and explain using additional pages if necessary. Include required information on all felony convictions attaching additional sheets behind this page if necessary.

ACADEMIC TRAINING

ALL APPLICANTS MUST COMPLETE THIS SECTION

Graduate college(s) or universities attended to satisfy academic requirements for licensure. Do not list degrees unrelated to Counseling. List most recent first and provide official transcripts.) Attach additional sheets behind this one, if necessary.

1. Name of School:

(City)

(State)

Inclusive dates attended: From (mo./yr.)

To (mo./yr.)

Degree granted:

Date granted (mo./yr.)

Major Field of Study:

2. Name of School:

(City)

(State)

Inclusive dates attended: From (mo./yr.)

To (mo./yr.)

Degree granted:

Date granted (mo./yr.)

Major Field of Study:

3. Name of School:

(City)

(State)

Inclusive dates attended: From (mo./yr.)

To (mo./yr.)

Degree granted:

Date granted (mo./yr.)

Major Field of Study:

4. Name of School:

(City)

(State)

Inclusive dates attended: From (mo./yr.)

To (mo./yr.)

Degree granted:

Date granted (mo./yr.)

Major Field of Study:

5. Name of School:

(City)

(State)

Inclusive dates attended: From (mo./yr.)

To (mo./yr.)

Degree granted:

Date granted (mo./yr.)

Major Field of Study:

PROFESSIONAL REFERENCES

ALL APPLICANTS MUST COMPLETE THIS SECTION

List below at least (3) professional references who can attest to your counseling skills, professional standards of practice, and supervised clinical work.

Name of Reference:

Degree Held:

Certification/License Held:

Position Held:

Business name and address:

Business telephone number (include area code:

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

Name of Reference:

Degree Held:

Certification/License Held:

Position Held:

Business name and address:

Business telephone number (include area code:

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

Name of Reference:

Degree Held:

Certification/License Held:

Position Held:

Business name and address:

Business telephone number (include area code:

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

AFFIDAVIT

In making this application to the Maryland Board of Professional Counselors and Therapists for the issuance of a license, I agree to abide by the rules and regulations of the Maryland Board of Professional Counselors and Therapists and to take all examinations necessary to the processing of my application. Upon issuance of a license, I agree to be bound by the Code of Ethics. I further understand that the fee submitted with this application is non-refundable.

I agree to hold the Maryland Board of Professional Counselors and Therapists, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the Board to issue me a license. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I understand, by law, it is my responsibility to notify the Board in writing if I change my address of residence.

Signed _____

Date: _____

NOTARY

State of _____

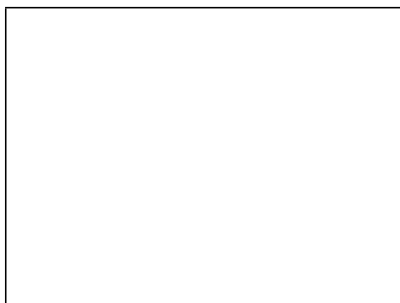
City/County of _____

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 _____

ATTACH YOUR PHOTOGRAPH IN THIS AREA (RECENT 2"x2")



**FILL OUT THE COURSE
DESCRIPTION FORM AND
RETURN IT WITH YOUR
APPLICATION**

**INCLUDE OFFICIAL
TRANSCRIPT(S) TO VERIFY
COURSES**

COURSE DESCRIPTION FORM

COURSE FORM

Name	Address	Zip Code

I AM APPLYING FOR **LGPC**

Complete this form. Be sure to add your courses credits for a total semester to total 60 credits or 90 quarter credits for Master’s degree) or 90 credits or 120 quarter credits for Doctoral degree. All courses must be **graduate-level** and from an accredited college. Each course must be at least 3-graduate credits or 5 Quarter credits. **A course applied to one core area cannot be used again to fulfill another core area.** Do not list courses unrelated 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.**

Required Courses	Write in Course Number(s) & Course Title(s)	Credits Earned	College/University	Date	Grade
(a) Human Growth & Development					
(b) Social & Cultural Foundations of Counseling					
(c) Counseling Theory					
(d) Counseling Techniques					
(e) Group Dynamics, Processing & Counseling					
(f) Lifestyle & Career Development					
(g) Appraisal & Diagnosis of Individuals					
(h) Research & Evaluation					
(i) Professional, Legal & Ethical Responsibilities					
(j) Marriage and Family Therapy					
(k) Alcohol and Drug Counseling					

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Required Courses	Write in Course Number(s) & Course Title(s)	Credits Earned	College/University	Date	Grade
(l) Supervised Field Experience					
(m) Diagnosis & Psychopathology					
(n) Psychotherapy and Treatment of Mental and Emotional Disorders					

Total credits earned _____

All applicants must show 60 graduate credits or 90 quarter credits. Applicants are eligible to take the National Examination and State Law Test upon completing the education requirements.

ADDITIONAL COURSES (Electives)

<u>Course Name</u>	<u>Course Number(s) & Course Title(s)</u>	<u>Credits Earned</u>	<u>College/University</u>	<u>Date</u>	<u>Grade</u>

Total credits earned _____