Maryland Board of Professional Counselors and Therapists 4201 Patterson Avenue Baltimore, MD 21215 410-764-4732

www.dhmh.state.md.us/bopc/

- INSTRUCTIONS -LCPC OUT-OF-STATE APPLICANTS

- (1) **Application**: Submit a completed Out-of-State Board Application
- (2) **Fees**: Submit application fee of (\$250.00) with the "Out of State Board Application" Make Check Payable to: Board of Professional Counselors and Therapists. The licensure fee of \$150.00 which you will be notified to submit once approved.
- (3) Out of State Verification Form: Applicants must submit documentation that applicant is currently licensed in good standing to practice professional counseling in another state, territory or jurisdiction. Applicants must complete items 1-10 and send this form to the state(s) where applicant is currently licensed. The licensing state must complete items 11-17 and then send this form directly to the Maryland Board of Professional Counselors and Therapists.
- (4) Applicants must submit a copy of the current license from each state, territory or jurisdiction where applicant has been licensed or authorized to practice clinical professional counseling.
- (5) **Education**: Submit an official, sealed transcript from an accredited college verifying a degree in professional counseling showing one of the following:
 - a. MA Degree with 60 credits or 90 quarter credits; or
 - b. MA with less than 60 credits or less than 90 quarter credits; or
 - c. Doctorate Degree

In lieu of transcripts, the Board may accept documentation that the applicant is registered with the National Credentials Registry (NCR) of the American Association of State Counseling Boards (AASCB) or its successor as meeting the out-of-state requirements. Applicants must pass the Maryland law test.

(6) **Professional Experience:** Please provide (3) professional experience verification forms from employers, supervisors or colleagues verifying experience as outlined below. (In the case of colleague, colleague must have mental health credentials).

- a. Master's Degree with 60 credits applicants must have at least 3 years and 3,000 hours of supervised experience of which 2 years completed after the award of MA degree
- b. Master's Degree with less than 60 credits applicants must have 3 years as LCPC and 3,000 hours of clinical professional counseling experience
- c. Doctorate: 2 years practicing as LCPC or 2,000 hours of professional counseling experience
- (7) **Coursework:** Applicants must submit transcript(s) showing a minimum of 3 graduate credit hours or 5 quarter hours covering each of the following primary topic or content areas:
 - a. Diagnosis and Psychopathology
 - b. Psychotherapy and treatment of mental and emotional disorders
 - c. Professional, legal and ethical responsibilities
- (8) Examination: Submit documentation of having taken and passed the National Counselors Examination (NCE) or National Clinical Mental Health Counselors Examination (NCMHCE)
- (9) Take and pass the Maryland Law Test. The Maryland Law Test is administered at the Board's office twice monthly.

Maryland Board of Professional Counselors and Therapists 4201 Patterson Avenue Baltimore, MD 21215 410-764-4732 410-358-1610 (fax)

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"OUT OF STATE BOARD APPLICATION FOR LCPC"

		Application Date:		
MUST BE T	YPED or PRINTED			(date)
Name				
	(Last)	(First)	(Middle)	
Home Addre	ess			
		(Number and S	treet)	
E-mail Addı	ress			
Telephone N	Number		Work	
SSN	Home		Work	
School		Degree	Year of Gradu	ation
EXAMINA	TION REQUIRE	D		
Iave you succe ☐ Yes [ssfully passed the NC	E or the NCMHCE?		
	• • •	ocumentation of passing so upon receiving Board appr	* *	
	ensing or disciplinary	ial application, reinstateme board?	ent or renewal of a license and	d /or certificate by
		•	action against your license a red education, admonishment	

If yes, explain circumstance(s).	
d. Have you pled guilty, noto contendre, of criminal act (excluding traffic violations)? If "yes" provide the following information	
Where convicted	
· ·	d explain using additional pages if necessary. Include required ching additional sheets behind this page if necessary.
I hereby certify that the information provide knowledge and belief.	ded in this application is true, accurate and complete to the best of my
Signature of Applicant:	Date:
Name to in the foregoing application for licensur contained are true in every respect, that he has read and understands this affidavit.	, County of
My commission expires on	Signature of Notary:
Photo Here (2x2)	SEAL

Department of Health and Mental Hygiene Board of Professional Counselors and Therapists 4201 Patterson Avenue - Suite 316 Baltimore, Maryland 21215

Out of State Verification Form

Applicant must complete items 1 thru 10 below and then forward this form to the state where license is currently held.

1. Name:	2. DOB:	
3. Address (street, city, state, zip code):		
4. Social Security Number:	7. Academic Institution:	
5. License Name and No.:	8. Degree:	
6. Years of Experience practicing as a LCPC:	9. Date Rec'd.: 10. Total credits:	
l authorize the information requested below to and Therapists.	be provided to the Maryland Board of Professional Co	ounselors
Signature	Date	
this directly to the Maryland Board of Profes Do not return to applicant.	sional Counselors and Therapists.	
12. Issuing State:	13. Date of Original Issue:	
14. Issued by: Examination	15. License is :	
Endorsement/ Reciprocity Grandfathering	Active (Expiration Date:) Inactive (Expired on:)	
16. If applicant was credentialed by examination, indic		
NCE, NCMHCE Other 17. Has this license ever been revoked, suspended, res		
Yes No IF YES, PLEASE EXPLAIN ON R	EVERSE SIDE.	
Name (print)	Date	
Signature	SEAL	

Retur

Education

- 1. Applicants must provide transcript(s) confirming completion of a master's or doctoral degree in a professional counseling field from an accredited educational institution approved by the Board. Please submit your transcript(s) directly to the Board in a sealed envelope along with your Board Out of State Application.
- 2. Applicants must show documentation of completing a minimum of 3 graduate semester credit hours or 5 graduate quarter hours covering each of the following primary topics or content areas:

A. DIAGNOSIS AND PSYCHOPATHOLOGY

Instruction in this area shall cover the following primary topics or content:

- 1. Diagnosis based on current DSM and ICD criteria.
- 2. Major categories of mental disorders.
- 3. An understanding of the impact of abnormal behavior not only to individuals, but to society as a whole.
- 4. An examination of various theories relative to the etiology of abnormal behavior.

Examples of courses in this area are:

- 1. Psychopathology and Diagnosis
- 2. Psychopathology
- 3. Abnormal Psychology
- 4. Diagnosis

B. PSYCHOTHERAPY AND TREATMENT OF MENTAL AND EMOTIONAL DISORDERS

Instruction in this area shall cover the primary topic or content:

1. An overview and application of one or more treatment models to various disorders.

Examples of courses in this area are:

- 1. Treatment Techniques
- 2. Behavioral Therapy
- 3. Cognitive Therapy
- 4. Psycho-dynamic Therapy
- 5. Advanced Techniques of Counseling

C. Professional, legal and ethical responsibilities

Instruction in this area shall cover the following primary topics or content:

- 1. Professional orientation and responsibility.
- 2. Legal Issues.
- 3. Ethics of Practice.
- 4. Practice Specialization.
- 5. Codes of Ethics of National, Professional, Counseling Organizations.

Examples of courses in this area are:

- 1. Professional and Ethical Issues
- 2. Ethics and Legal Issues in Counseling

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/

NAME	ADDRESS			ZIP CODE	
I AM APPLYING FOR	LCPC				
credits or 5 Quarter credits include college catalog des	hree courses below must be graduate - covering the primary topic or content cription(s) or course syllabi if the titles not include descriptions and you will b	area. Do not list cour s of <i>your</i> courses are d	ses that are NOT directly a lifferent from the courses I	related to counse	eling. You must
Required Courses	Write in Course Number(s) & Course Title(s)	Credits Earned	College/University	Date	Grade
(a) Diagnosis & Psychopathology					
Psychotherapy and Treatm of Mental and Emotional Disorders	nent				
(b) Professional, Legal & Ethical Responsibilitie	es .				

Professional Experience Verification Form

The Board of Professional Counselors and Therapists
4201 Patterson Avenue – Room 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 the sealed envelope with
the sealed flap signed. (Print name of applicant) has
• A master s degree with less than 60 graduate credits or less than 90 graduate quarter credits! 3 years as LCPC and 3,000 hours of clinical professional counseling experience.
Are you a licensed Professional Counselor? Yes \(\square\) No \(\square\)
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 PENALITIES OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE INFORMATION AND BELIEF. Check one:Applicant's supervisorApplicant's employerApplicant's colleague (In the case of colleague, provide documentation of colleague's mental healthcredentials)
Your Name:
Signature:
Date:
Your Business Address:Zip Code:
Daytime Contact:



Professional Experience Verification Form Maryland Board of Professional Counselors and Therapists

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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) _____ • A master s degree with 60 graduate credits or 90 quarter credits and 3 years and 3,000 hours of supervised experience of which 2 years completed after the award of degree. Are you a licensed Professional Counselor? Yes \quad No \quad \text{\text{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 PENALITIES 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: Your Business Address: Zip Code: _____ Daytime Contact: _____



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(Print name of applicant) has
• Adoctoral degree with a minimum of 2 years practicing as a clinical professional counselor, or a doctoral degree with a minimum of 2,000 hours of clinical professional counseling experience.
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:
INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE INFORMATION AND BELIEF.
Check one:Applicant's supervisorApplicant's employerApplicant's colleague (In the case of colleague, provide documentation of colleague's mental health credential)
Your Name:
Signature:
Date:
Your Business Address:Zip Code:
Daytime Contact: