



LOUISIANA LICENSED PROFESSIONAL COUNSELORS BOARD OF EXAMINERS

Provisional Licensed Professional Counselor (PLPC) Application

General Instructions:

- In order to apply for provisional licensure as a PLPC, you must complete the Provisional Licensed Professional Counselor (PLPC) application. **All sections (1, 2, and 3)** of the application must be completed and approved by the Board before using the title PLPC. Furthermore, you must first be approved as a PLPC to practice mental health counseling and to begin accruing supervised experience hours towards full licensure as a Licensed Professional Counselor (LPC).
- A non-refundable fee of \$100 must accompany submission of the PLPC application to the Board. The fee must be paid in the form of a money order, cashier's check, or certified check. Personal checks will not be accepted and will be returned to the applicant.
- If you are an **out-of-state PLPC applicant** and requesting transfer of any supervised experience hours, a non-refundable fee of \$150 must accompany submission of the PLPC application to the Board. Additionally, an official credential verification and file copy (including documentation of supervised experience) from all jurisdictions in which you have practiced must be submitted.
- **If Section 1 of the PLPC Application was submitted online through your Dashboard, you do not need to resubmit the application fee.**
- Official graduate transcript(s) of all coursework must be forwarded directly to the Board Office from each college or university. Please do not submit undergraduate transcripts.
- A copy of your Declaration of Practices and Procedures must be submitted with this Application. Guidelines for writing your Declaration of Practices and Procedures (DOP) and a sample DOP are available on the Board website.
- If you choose to submit **a section of the PLPC** application, you will not need to re-submit the application fee if the application is completed and approved by the Board within one (1) year of the initial submission date.
- Please note that when making inquiries to the Board Office, staff members are **unable to pre-approve any applications**. Please consult the Board's website to obtain any applicable laws/rules in answering your inquiries. Official inquiries to the Board may be made in writing via email or regular mail.
- Submit fingerprint background check within 60 days of application. If you completed this process with submission of Section 1 of the PLPC Application online, you do not need to resubmit this documentation.
- Applicants must submit a current photograph (passport/professional) with this application. If you uploaded a photo with submission of Section 1 of the PLPC application online, you do not need to resubmit a photo.



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Provisional Licensed Professional Counselor (PLPC) Application

Applicant Information:

Applicant's Name: _____
(First) (Middle/Maiden) (Last)

Home Address: _____
(Street)

(City/State) (Zip Code)

Telephone: _____
(Home) (Work) (Cell)

Email: _____
Would you like this email address to be listed on the website? Yes No

Address you prefer to be used for all mail correspondence: Home Work

Address you prefer to be placed on the LPC Board Website: Home Work None

Social Security Number: _____ Date of Birth: _____

Race: _____ Gender: _____

1. Are you military personnel (active duty and veterans honorably discharged within 5 years of the application date) or military personnel spouse? Yes No

If yes, you must provide proof of military status via DD Form 214 as part of the completed application.

2. Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo to a crime (felony or misdemeanor) in any court, excluding minor traffic violations? Yes No

3. Do you have any pending legal charges, which may affect your status as a PLPC? Yes No

4. Have you had a professional license, registration and/or certificate in any state to be voluntarily or involuntarily relinquished, restricted, revoked, suspended, or denied? Yes No

5. Have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board? Yes No

6. Have you used or are you currently using any narcotics, controlled substances, or any alcoholic beverage in a manner that is dangerous to the public or in a manner that impairs your ability to provide mental health services to the public? Yes No

7. Do you have a medical condition which may in any way impair or limit your ability to practice professional counseling or therapy with reasonable skill and safety? Yes No

If you have answered yes to any of the above, please submit a notarized explanation including dates, charges, court or regulatory authority, and an explanation of the situation including proof of felony expungement (if applicable).

PLPC Application Section 1: Academic Background

If Section 1 of your PLPC Application was submitted online through your Dashboard skip to Section 2 of the Application.

Educational Requirements:

Name on Transcript: _____

University/College: _____

Qualifying Degree: _____

Date of Graduation: _____ Hours in Degree: _____

I hold a master's or doctoral degree the substance of which is professional mental health counseling from a regionally accredited educational institution, also accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

I hold a master's or doctoral degree the substance of which is professional mental health counseling from a regionally accredited educational institution. (Example: Southern Association of Colleges and Schools (SACS))

******If your educational institution is NOT accredited by CACREP, please have your graduate program send a signed letter directly to the Board documenting the required hours for both your practicum and internship.** A minimum of 100 clock hours in your mental health counseling practicum and 600 clock hours in your mental health counseling internship is required, including a minimum of 40 hours in your practicum and 240 hours in your internship of direct counseling/psychotherapy with individuals or groups, a minimum of 1 hour per week of individual supervision and a minimum of 1 ½ hours per week of group supervision with other students in similar practical or internships. (Please refer to Board Rules for a complete list of the practicum and internship requirements.)

Qualifying Courses for 8 Content Areas:

Please list the course number and title from your transcript for each of the required content areas listed below that you wish to be considered for approval of this application. For a description of the content areas, see Board Rules §603 (A)(5)(a). **If the content of the course is not evident from the course title, please submit additional documentation providing a description of the course content.** Acceptable documentation may include: university/college catalogue course description, course syllabus, a letter from the professor who taught the course and may attest to the content, or a letter from a current professor of the university/college who may attest to the course content. Transcripts must show you have received at least **three (3)** graduate semester hours (or its equivalent) for all required courses and have obtained a grade **no lower than a "C"** for each required course.

1. Counseling/Psychotherapy Theories of Personality: _____

2. Human Growth and Development: _____

3. Abnormal Behavior: _____

4. Techniques of Counseling/Psychotherapy: _____

5. Group Dynamics, Processes, and Counseling: _____

6. Lifestyle and Career Development: _____

7. Appraisal of Individuals: _____

8. Ethics and Professional Orientation: _____

Mental Health Counseling Practicum: _____

Mental Health Counseling Internship: _____

Exam:

Have you taken the National Counselor Examination (NCE) or the National Clinical Mental Health Counseling Examination (NCMHCE)? Yes No

Name of Exam Taken: _____

Date Exam was Taken: _____ Score: _____

Please note: The NCE/NCMHCE is **not required** prior to the submission of the PLPC application; however, the NCE or NCMHCE must be passed prior to approval of full licensure as a LPC. If you have taken the NCE or NCMHCE, please ensure that your scores will be sent **directly** from the National Board of Certified Counselors (NBCC) prior to your application for full licensure. If approved as a PLPC, you will be required to submit proof of attempt of passage of the NCE or NCMHCE directly from NBCC at the time of renewal of your provisional license.

PLPC Application Section 2: Board-Approved Supervisor Information

LPC-Supervisor's Name: _____
(First) (Middle/Maiden) (Last)

Place of Employment: _____

Work Address: _____
(Street)

(City/State) (Zip Code)

Telephone: _____
(Home) (Work) (Cell)

Email: _____

Is the Supervisor a relative of the applicant? Yes No

If yes, please state relationship: _____

Plan-of-Supervision:

- The Plan of Supervision is a written agreement that establishes the supervisory framework for the PLPC’s postgraduate clinical experience and describes the expectations and responsibilities of the Board-Approved Supervisor and the supervisee.
- The supervisor and the supervisee must discuss the expectations and responsibilities of each party and complete the remainder of this form.
- If a PLPC has more than one approved supervisor, this form must be completed for all approved supervisors.

Date upon which supervision is to begin: _____

Expected date of conclusion of supervision: _____

Location where Supervision will be Conducted (Please check all that apply):

- Supervisor’s Office
- Supervisee’s Practice Setting
- Other (Please specify): _____

Frequency of Face-to-Face Supervision with Supervisor:

- Weekly
- Every Other Week
- Other (Specify) _____

What is the duration of a typical supervision session? _____

Type of Face-to-Face Supervision that will be utilized (Check all that apply):

- Individual Supervision (Supervision of 1 supervisee by one supervisor)
Expected Frequency: _____
- Group Supervision (Supervision of up to 10 supervisees by one supervisor)
Expected Frequency: _____
- Synchronous Videoconferencing
Expected Frequency: _____

Indicate the content areas for supervision that have been discussed and agreed upon by both supervisor and supervisee:

Content Area	Yes	No
1. The role and responsibilities of the supervisor and supervisee in the supervision process.	<input type="checkbox"/>	<input type="checkbox"/>
2. The supervisor’s style of supervision.	<input type="checkbox"/>	<input type="checkbox"/>
3. The agreed upon theoretical orientation for the supervision.	<input type="checkbox"/>	<input type="checkbox"/>

4. How confidentiality will be maintained and limits of confidentiality.
5. Confidentiality issues and coordination involved in working with any other clinical and/or administrative supervisors who might be involved in the practice setting.
6. Any issues, rules, regulations specific to institution/agency in which therapy and/or supervision will be conducted such as rules on video/audio taping, removal of case records, etc.
7. How feedback will be provided to one another.
8. How learning objectives will be established and how those objectives will be changed if needed.
9. Evaluation procedures including when formal evaluations will take place, how the evaluations will be documented, and what criteria will be used in the evaluation process.
10. How impasses/blocks/disagreements will be handled and the procedure if either supervisor or supervisee decide to terminate the supervisory relationship.
11. Reporting requirements and emergency procedures for high-risk or abusive clients.
12. Procedure the supervisee will take in case of emergencies, including the first step the supervisee needs to take, how the supervisee can reach the supervisor, mandated reporting, etc.
13. The required ethical code(s) of the supervisor and the supervisee, including what codes besides the Code of Conduct for Licensed Professional Counselors in Louisiana the supervisee must abide by and what to do if these ethical codes differ.
14. Record keeping, including how records of supervision will be kept, both session noted and log of supervision.
15. Use of Declaration of Practices and Procedures.

Please add any information that has not been covered which you believe is important to this plan of supervision.

PLPC Application Section 3: PLPC Practice Setting Information

Practice Setting/Place of Employment:

- Please complete the following for the setting in which you will complete your supervised experience hours. Please be advised that you may not practice independently as a PLPC unless you are licensed to practice counseling by another mental health discipline.
- **Please Indicate Type of Setting:**
 - Community Behavioral Health Center
 - Private Practice
 - School
 - Other _____
 - Hospital
 - Rehabilitation Center
 - University/College

Name of Setting: _____

Address of Setting: _____
(Street)

(City/State) (Zip Code)

Initial Employment Date: _____

Job Title at time of Initial Employment Date: _____

Job Duties at time of Initial Employment Date: _____

Will your Title at setting change if approved as PLPC?: Yes No

If yes, please provide Proposed Title: _____

Will your Duties at setting change if approved as PLPC?: Yes No

If yes, please provide Proposed Duties: _____

Total hours per week applicant will be working: _____

Anticipated date for completion of required supervised hours: _____

Name, Title, Credentials and Email Address of **Administrative** Supervisor:

Is there a Licensed Mental Health Professional (e.g. LPC, LMFT, LCSW) **employed by this professional setting who is available for case consultation and processing?**

YES NO

If yes, please list Name, Title and Credentials of LMHP: _____

Identify any individuals who have an ownership interest in the practice setting, including degree and licensure information.

Describe briefly the nature of the practice setting where your supervised experience (direct and indirect client contact) will take place. If available, please include any literature such as a brochure, pamphlet, or other written information with your application.

Describe the nature of the counseling duties to be performed by the applicant. Please include range of clients, nature of presenting problems and any other demographic data that may be pertinent.

Describe the type of assessment procedures to be utilized, therapeutic approaches to be employed, and typical interventions, which may be utilized.

Describe the nature of the supervision with your Board-Approved Supervisor. Will the supervisor review tapes, applicant's case notes, use group sessions with other professionals, seminars, etc.?

Attestation of PLPC Applicant:

With my signature below, I attest that the information provided in this application is correct. I will adhere to the requirements regarding supervised counseling experience as stated in the Board Rules. I understand that once I am approved as a Provisional Licensed Professional Counselor, I must remain under the active supervision of my Board-Approved LPC-S until fully licensed as a LPC, even after the completion of the minimum supervised experience requirements. I understand that the minimum supervised experience requirement of 3,000 hours must be obtained in no less than 2 years and in no more than 6 years. In the event that I change supervisors and/or upon application for full licensure, I understand that it is my responsibility to submit a Documentation of Experience Form to my Board-Approved LPC-S for completion. I understand that I must notify the Board and my Board-Approved LPC-S of any practice setting changes, including address and phone number changes, by submitting the PLPC Change of Practice Setting Application and updated Declaration of Practices and Procedures to the Board; or be subject to a fine and forfeiture of accrued supervision hours at such setting. I certify that I have read and am familiar with the Code of Conduct and standards of practice of the Louisiana LPC Board.

Signature of PLPC Applicant

Printed Name of PLPC Applicant

Date

Attestation of Board-Approved LPC Supervisor:

I have reviewed this proposal for supervised professional mental health counseling experience and accept this applicant and agree to supervise this applicant at the above described practice setting, once approved by the Board as a Provisional Licensed Professional Counselor. I will adhere to the requirements regarding supervised counseling experience as stated in the Board Rules. I understand that a Provisional Licensed Professional Counselor must remain under the active supervision of their Board-Approved LPC-S until fully licensed as a LPC, even after the completion of the minimum supervised experience requirements. If my supervision of this Provisional Licensed Professional Counselor terminates for any reason, I will inform the Licensed Professional Counselors Board of Examiners in writing and submit a completed Documentation of Experience Form immediately.

Signature of LPC Board-Approved Supervisor

Printed Name of LPC Board-Approved Supervisor

Date