



LOUISIANA LICENSED PROFESSIONAL COUNSELORS BOARD OF EXAMINERS

PLPC Practice Setting Application **(For Approved PLPCs ONLY)**

General Instructions:

- If in the course of your provisional licensure as a PLPC you change or add an additional practice setting, you must complete the Provisional Licensed Professional Counselor (PLPC) Practice Setting Application. This application must be completed and submitted to the Board for review within **thirty (30) days** of your initial employment date.
- An updated 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 this documentation is not received within thirty (30) days of your initial employment date, you will be subject to a fine of \$50 and will **forfeit all supervised experience hours** accrued at your practice setting. Furthermore, if the Board does not approve your new practice setting as appropriate, you will forfeit all supervised experience hours previously accrued at said practice setting.
- As a reminder a licensed mental health professional (LMHPs) must be employed in the professional setting in which you, the PLPC, is rendering counseling services and be available for case consultation and processing. Please see Board Rules Chapter 6, Section 603(A)(6)(h) for more information. Additionally, for list of Board-Approved LMHPs, please see the Board website (www.lpcboard.org).



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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: _____

1. 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

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

3. 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

4. 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

5. 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

6. 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 attach a separate sheet with a notarized explanation including dates, charges, court or regulatory authority, and an explanation of the situation including documentation of successful resolution of the charges and/or proof of felony expungement (if applicable).

PLPC Practice Setting Information

Please Select One:

I am a changing practice settings.

I am adding an additional practice setting.

Other _____

Practice Setting/Place of Employment:

- Please complete the following for the setting in which you will complete your supervised experience hours. You may attach an additional sheet if necessary. 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

Hospital

Private Practice

Rehabilitation Center

School

University/College

Other _____

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 Chapter 6, Section 605 of 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 an 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 Chapter 6, Section 605 of 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