



LOUISIANA LICENSED PROFESSIONAL COUNSELORS BOARD OF EXAMINERS

Application for Licensure as Licensed Professional Counselor

General Instructions:

1. To be eligible for licensure as a LPC, all applicants must pass the National Counselor Examination (NCE), or the National Clinical Mental Health Counseling Examination (NCMHCE) developed by the National Board for Certified Counselors (NBCC). For additional information on examination registrations, please contact NBCC. **Your NCE or NCMHCE score must be received by the Board directly from NBCC.**
2. Applicants must submit a Statement or Declaration of Practices and Procedures with this application. Guidelines and a sample for writing your Statement or Declaration of Practices and Procedures are available on the Board website.
3. Official graduate transcript(s) of all coursework must be forwarded directly to the Board Office from each college, university or post-graduate training institute. Undergraduate transcripts do not need to be forwarded to the Board. **If transcripts have been previously submitted to the Board as part of the application for provisional licensure (PLPC), please DO NOT resubmit.**
4. Prior to consideration of this application, the Board must receive documentation of at least 3,000 hours of supervised clinical services with a LPC Board approved supervisor after the completion of a qualifying degree. These hours must be documented on the Documentation of Experience Form and completed with each Board Approved Supervisor who supervised part of the required hours for licensure. Each LPC Board approved supervisor who supervised part of the required hours of licensure is required to complete and submit this form.
5. A non-refundable fee of \$200 must accompany submission of this application.
6. Submit fingerprint background check within 60 days of application.
7. 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.
8. As a reminder, you must remain under the active supervision of your Board Approved Supervisor until you are fully licensed as a LPC.
9. Upload headshot photo.



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Application for Licensure as Licensed Professional Counselor

A. Applicant Data:

Applicant 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

Place of Employment: _____

Work Address: _____
(Street)

(City/State) (Zip Code)

Address you prefer to be used for correspondence: Home Work
Address you prefer to be placed on the LPC Website: Home Work None

Social Security Number: _____ Date of Birth: _____

Place of Birth: _____

Race: _____ Gender: _____

Exam Score: _____ Date Exam was taken: _____

***Please note the only exams accepted by the Louisiana LPC Board are the National Counselor Exam (NCE) or the National Clinical Mental Health Counseling Examination (NCMHCE).

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.

Have you ever applied for this license before? Yes No

Are you currently practicing Telehealth? Yes No

If you currently possess another professional license(s) to practice mental health services in Louisiana or another state, please provide the following:

Title	License Number	Issuing State	Issue Date
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If you currently possess any national professional certifications, please provide the following:

Title	License Number	Issuing State	Issue Date
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Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court, excluding minor traffic violations? Yes No

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

Have you ever had a professional practice license, registration, and/or certificate to be voluntarily or involuntarily relinquished, restricted, revoked, suspended, or denied? Yes No

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

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

Do you currently have a medical condition, which may in any way impair or limit your ability to practice mental health counseling with reasonable skill or 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).

B. Education:

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 practicum and 600 clock hours in your 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 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. Only one course may be applied to each of the eight content areas.

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: _____

C. Supervised Clinical Experience:

Please complete the following information regarding your supervised clinical experience. If more space is needed, use addition sheet supplying the same type of information.

1. Name of Employing Agency or Person: _____

Address of Employer: _____

Administrative Supervisor: _____

State Board Approved Supervisor: _____

Employment Date: From _____ To _____ Hours Per Week _____

Job Title and Brief Description of Job Duties: _____

2. Name of Employing Agency or Person: _____

Address of Employer: _____

Administrative Supervisor: _____

State Board Approved Supervisor: _____

Employment Date: From _____ To _____ Hours Per Week _____

Job Title and Brief Description of Job Duties: _____

3. Name of Employing Agency or Person: _____

Address of Employer: _____

Administrative Supervisor: _____

State Board Approved Supervisor: _____

Employment Date: From _____ To _____ Hours Per Week _____

Job Title and Brief Description of Job Duties: _____

D. License Lettering:

Please print or type your name as you wish for it to appear on your license should your application for licensure be approved. **Degree titles, honors, or other information will not be added.**

Name: _____

E. Affidavit:

I, the applicant name below, being duly sworn, do hereby affirm that I am the person referred to in this application to practice mental health counseling as a Licensed Professional Counselor in the State of Louisiana, and that all forgoing statements and enclosures are true in every respect. Should I furnish any false information in this application, I hereby agree that such an act shall constitute cause for denial, suspension, or revocation of my license as a Licensed Professional Counselor in the State of Louisiana. I am aware that the Board of Examiners reserves the right to secure further evidence that it deems reasonable and proper from sources listed in this application. I certify that I have read and am familiar with the Code of Ethics and standards of practice of the Louisiana LPC Board.

State of Louisiana
Parish/County of: _____

Name of Applicant: _____

Applicant Signature: _____

Subscribed and sworn to me this _____ day of _____ 20 _____

Notary Public Name: _____

Notary Public Signature: _____

My Commission Expires: _____

Notary Public Seal: