

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

www.dhmf.state.md.us/bopc/

- INSTRUCTIONS - LCPC OUT-OF-STATE APPLICANTS

- (1) **Application**: Submit a completed Out-of-State Board Application
- (2) **Fee**: Submit application fee of (\$250.00) with the "Out of State Board Application" Make Check Payable to: Board of Professional Counselors and Therapists.
- (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: _____
(date)

MUST BE TYPED or PRINTED

Name _____
(Last) (First) (Middle)

Home Address _____
(Number and Street)
(State/Zip Code) _____

E-mail Address _____

Telephone Number _____
Home Work

SSN _____ Date of Birth _____

School _____ Degree _____ Year of Graduation _____

EXAMINATION REQUIRED

Have you successfully passed the NCE or the NCMHCE?
 Yes No

If the answer is yes, please include documentation of passing score with application.
If no, you may take the examination upon receiving Board approval.

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.

I hereby certify that the information provided in this application is true, accurate and complete to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

AFFIDAVIT: The following statement must be executed by a Notary Public.

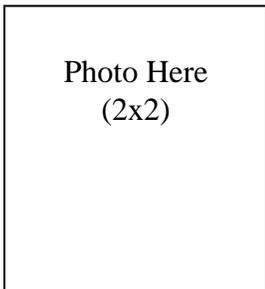
State of _____, County of _____

Name _____, being duly sworn, says that he/she is the person who is referred to in the foregoing application for licensure as a professional counselor in Maryland that the statements herein contained are true in every respect, that he/she has complied with all requirements of the law; and that he/she has read and understands this affidavit.

Subscribed to and sworn to before me this _____ day of _____, 20_____.

My commission expires on _____. Signature of Notary: _____

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:

I authorize the information requested below to be provided to the Maryland Board of Professional Counselors and Therapists.

Signature

Date

Items 11 thru 17 must be completed by the state where professional counselor incense is currently held. Return this directly to the Maryland Board of Professional Counselors and Therapists. Do not return to applicant.

11. License Title:	
12. Issuing State:	13. Date of Original Issue:
14. Issued by: <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement/ Reciprocity <input type="checkbox"/> Grandfathering	15. License is : <input type="checkbox"/> Active (Expiration Date: _____) <input type="checkbox"/> Inactive (Expired on: _____)
16. If applicant was credentialed by examination, indicate title of the licensing exam taken: _____ NCE, _____ NCMHCE Other:	
17. Has this license ever been revoked, suspended, restricted or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE EXPLAIN ON REVERSE SIDE.	

Name (print)

Date

Signature

SEAL

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.dhmf.state.md.us/bopc/

NAME	ADDRESS	ZIP CODE

I AM APPLYING FOR LCPC

Complete this form. The three courses below must be **graduate- level** and from an accredited college. Each course must be at least 3-graduate credits or 5 Quarter credits covering the primary topic or content area. Do not list courses that are NOT directly related 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	<i>Write in Course Number(s) & Course Title(s)</i>	<i>Credits Earned</i>	<i>College/University</i>	<i>Date</i>	<i>Grade</i>
(a) Diagnosis & Psychopathology					
Psychotherapy and Treatment of Mental and Emotional Disorders					
(b) Professional, Legal & Ethical Responsibilities					

Professional Experience Verification Form
The Board of Professional Counselors and Therapists
4201 Patterson Avenue – Room 316
Baltimore, MD 21215
www.dhmf.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 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 PENALTIES 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: _____

Signature: _____

Date: _____

Your Business Address: _____ Zip Code: _____

Daytime Contact: _____



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(Print name of applicant) _____ has

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 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 PENALTIES 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
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(Print name of applicant) _____ has

A **doctoral 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: _____

I HEREBY AFFIRM UNDER THE PENALTIES 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 credential)

Your Name: _____

Signature: _____

Date: _____

Your Business Address: _____ Zip Code: _____

Daytime Contact: _____