

KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS
PO BOX 1360
FRANKFORT KY 40602
502-564-3296
<http://lpc.ky.gov>

APPLICATION FOR
LICENSED PROFESSIONAL COUNSELOR ASSOCIATE

CHECKLIST FOR SUBMISSION

- \$50.00 Fee made payable to the Kentucky State Treasurer
- Make certain you have requested an official sealed transcript be sent to the board. These should reflect graduate coursework earned to fulfill the requirements in Section 3. If you have an official sealed transcript in your possession you may send it with your application. However, it must have remained sealed and be in the original envelope.
- Supervisory agreement. If you do not have a supervisor at this time your application can still be reviewed. Should you meet the requirements for Licensed Professional Counselor Associate you will receive a letter stating that you are license eligible but a license can't be issued until a supervisory agreement has been reviewed and approved by the board. Please remember that this is a separate document and may be found at <http://lpc.ky.gov>
- An application seeking approval for licensure with a related degree shall provide syllabi and actual catalog descriptions for all applicable coursework.

PLEASE COMPLETE ALL OF THE FOLLOWING

Jane Doe
Name (this is the way your name will appear on certificate)

123 Main St.
Address

Bowling Green KY 42101
City **State** **Zip**

270-123-4567
Home telephone number

jane.doe@gmail.com
Home e-mail address

123-45-6789
Social Security number

ABC Counseling Associates
Present place of employment

123 University Dr.
Address

Bowling Green KY 42101
City **State** **Zip**

270-555-8888
Present place of employment telephone #

jane.doe@ABC.com
Present place of employment e-mail address

1. Are you a Nationally Certified Counselor by NBCC? No X Yes NCC Number 123456
2. Are you credentialed as a professional counselor in any other state? No X Yes
If yes, Name of credential _____ State _____
Date of issue ____/____/____ Expiration date ____/____/____
3. Do you or have you ever held any other license, certificate, or registration from at state board in Kentucky or any other state?
 X No Yes If yes, list license(s), certificate(s) or registration(s) and state _____
4. Are you seeking endorsement (Refer to KRS 335.527 in Laws and Regulations) No X Yes
5. Have you held a certification/license/registration in Kentucky or any other state that has ever been suspended or revoked?
 X No Yes If Yes, give details and attach supporting documentation _____
6. Have you ever been convicted of a felony or a misdemeanor (other than minor traffic violations) under the laws of any state in the United States? X No Yes If yes, what offense: _____

(Attach supporting documentation)

[Answer all questions honestly; those provided here are samples based on an average graduating student]

Applicant's Name Jane Doe

I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

APPLICANT'S SIGNATURE: Jane Doe 8/20/2016
 (Sign your name) DATE

Jane Doe
 (Print your name)

SECTION 2----EDUCATION

Please request an official transcript to be mailed from school to state board.

SCHOOL	NAME AND LOCATION	DATES ATTENDED				DATE OF GRADUATION	NUMBER OF HOURS OR CREDITS	DEGREES OBTAINED
		FROM	TO	MONTH	YEAR			
Graduate								
	Western Kentucky University Bowling Green, KY 42101	8/2014	8/2016	Aug	2016	60	M.A.E.	
Doctorate								

SECTION 3 - CURRICULUM STANDARDS FOR KENTUCKY LICENSED CLINICAL COUNSELOR

PLEASE ENTER GRADUATE LEVEL COURSES ONLY.
 EACH GRADUATE LEVEL COURSE MAY ONLY BE USED ONE TIME.

[Include only the classes listed on your transcripts]

1. The helping relationship including counseling theory and practice. (Studies that provide an understanding of the counseling and consultation processes. Example Courses: theories; and techniques.)

Educational institution	Prefix & Number	Course Title (Spell out)	Semester & Year	Credit Hours
Western Kentucky University	CNS 558	Theories of Counseling	Fall 2014	3
Western Kentucky University	CNS 559	Techniques of Counseling	Fall 2014	3
Western Kentucky University	CNS 568	Counseling Children and Adolescents	Fall 2015	3
Western Kentucky University	CNS 569	Play Therapy	Spr 2016	3
Western Kentucky University	CNS 583	Couples Counseling	Fall 2014	3
Western Kentucky University	CNS 586	Parenting Issues	Fall 2015	3
Western Kentucky University	CNS 587	Professional MH Counseling Practice	Su 2016	3
Western Kentucky University	CNS 588	Family Systems Counseling	Fall 2016	3

Applicant's Name Jane Doe

SECTION 3 - CONTINUED

2. Human growth and development (Studies that provide an understanding of the nature and needs of individuals through the lifespan. Example Courses: human development.)				
Educational institution	Prefix & Number	Course Title (spell out)	Semester & Year	Credit Hours
Western Kentucky University	CNS 557	Human & Family Development	Spr 2015	3

3. Lifestyle and career development (Studies that provide an understanding of career development and related life factors. Example courses: lifestyle and career counseling; vocational counseling; occupational and educational information.)				
Educational institution	Prefix & Number	Course Title (spell out)	Semester & Year	Credit Hours
Western Kentucky University	CNS 556	Developmental Career Counseling	Fall 2015	3

4. Group dynamics, process, counseling and consulting. (Studies that provide an understanding of group development, dynamics, group counseling theories, group counseling methods and skills.)				
Educational institution	Prefix & Number	Course Title (spell out)	Semester & Year	Credit Hours
Western Kentucky University	CNS 554	Group Counseling	Spr 2015	3

Applicant's Name Jane Doe

[complete one form for EACH semester]

Section 4 - KENTUCKY BOARD FOR LICENSED PROFESSIONAL COUNSELORS
CERTIFICATION AND VERIFICATION OF CLINICAL INTERNSHIP/PRACTICUM

INSTRUCTIONS: Complete one form for each semester of internship/practicum.

1. Name of Student/Candidate: Jane Doe

2. University/College Western Kentucky University Department Counseling and Student Affairs

Degree Program M.A.E. in Counseling (CMHC/MCFC) CACREP Yes No

University/College Internship Supervisor Dr. Jim Smith

Degree and Discipline of University/College Internship Supervisor Ph.D. in Counselor Education

License/Credential Held by University/College Supervisor LPCC License No. 1234

Year Internship/Practicum Completed 2014 Semester Summer Quarter _____

[Your prac/
internship
group supervisor]

3. Agency(s) Internship Completed ABC Counseling Associates

Name of Onsite Clinical Supervisor(s) Please Print Site Supervisor

Degree and Discipline of Onsite Clinical Supervisor M.A.E. in Counseling

License/Credential Held by Onsite Clinical Supervisor LPCC License No. 1234

[Your site and
individual site
supervisor;
you can find
this info on
the Site
Information
Form on the
approved P&I
sites]

Briefly describe nature of practice/experience including populations student worked with:

ABC Counseling Associates is an outpatient community agency which serves diverse populations. This experience included counseling children, adolescents, individuals, couples, and families ranging from relationship and communication issues to more serious issues like suicidal ideation, grief, anxiety, and depression. Took client notes prepared progress notes, met with treatment teams, and completed intake assessments.

Hours Experienced in Internship/Practicum: Direct Hours 42 Indirect Hours 30

Individual Supervision 10 Group Supervision _____ Total Hours 100

[The total should equal all other boxes including direct, indirect, and supervision hours AND match exactly with your signed final hour logs]

4. University/College Supervision Hours:

Individual Supervision _____ Group Supervision 18

Jane Doe 8/15/2014
Student/Candidate Signature Date

Jim Smith 8/15/2014
University Supervisor/Instructor Signature Date