**KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS PO BOX 1360**

**FRANKFORT KY 40602**

**502-564-3296**

[**http://lpc.ky.gov**](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](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

**Name (this is the way your name will appear on certificate) Present place of employment**

**Address Address**

**Address Address**

**City State Zip City State Zip**

**Home telephone number Present place of employment telephone #**

**Home e-mail address Present place of employment e-mail address**

**Social Security number**

#### Are you a Nationally Certified Counselor by NBCC? No Yes NCC Number

1. **Are you credentialed as a professional counselor in any other state?**

 **No Yes**

**If yes, Name of credential State**

**Date of issue\_ / /**

**Expiration date / /**

1. **Do you or have you ever held any other license, certificate, or registration from at state board in Kentucky or any other state?**

 **No Yes If yes, list license(s), certificate(s) or registration(s) and state**

1. **Are you seeking endorsement (Refer to KRS 335.527 in Laws and Regulations) No Yes**
2. **Have you held a certification/license/registration in Kentucky or any other state that has ever been suspended or revoked?**

 **No Yes If Yes, give details and attach supporting documentation**

1. **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? No Yes If yes, what offense:**

***(Attach supporting documentation)***

**Applicant’s Name**

**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:**

#### (Sign your name) DATE

**(Print your name)**

SECTION 2----EDUCATION

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

DATES ATTENDED DATE OF GRADUATION

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| SCHOOL | NAME AND LOCATION | FROM | TO | MONTH | YEAR | NUMBER OF HOURS OR CREDITS | DEGREES OBTAINED |
| Graduate |  |  |  |  |  |  |  |
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| Doctorate |  |  |  |  |  |  |  |
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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*.**

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| 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 |
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Applicant’s Name\_

SECTION 3 - CONTINUED

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| 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 |
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| 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 |
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| 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 |
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Applicant’s Name\_

SECTION 3 - CONTINUED

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| 5. Assessment, appraisal, and testing of individuals. (Studies that provide an understanding of individual and group approaches to assessment and evaluation. Example courses: measurement; individual appraisal; intelligence testing.) |
| Educational institution | Prefix& Number | Course Title (spell out) | Semester& Year | Credit Hours |
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| 6. Social and cultural foundations, including multicultural issues. (Studies that provide an understanding of issues and trends in counseling with multicultural and diverse society. Example courses may include counseling disadvantaged populations; counseling diversity; counseling minorities; counseling multicultural issues.) |
| Educational institution | Prefix& Number | Course Title (spell out) | Semester& Year | Credit Hours |
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SECTION 3 - CONTINUED

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| 7. Principles of etiology, diagnosis, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior. (Studies that provide differential diagnosis, treatment and prevention.) |
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| 8. Research and evaluation. (Studies that provide an understanding of types of research methods |
| Educational institution | Prefix& Number | Course Title (spell out) | Semester& Year | Credit Hours |
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Applicant’s Name\_

SECTION 3 - CONTINUED

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| 9. Professional orientation. (Studies that provide an understanding of all aspects of Professional Counseling including counseling history, counseling roles, organizational structures, professional counseling ethics, professional counseling standards, and licensing and credentialing in professional counseling. Example courses: introduction to counseling; professional orientation; legal and ethical issues in counseling.) |
| Educational institution | Prefix& Number | Course Title (spell out) | Semester& Year | Credit Hours |
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| Practicum/Internship All applicants shall complete an organized practicum or internship in counseling consisting of at least six hundred (600) clock hours. |
| Educational institution | Prefix& Number | Onsite Supervisor(s) | Semester& Year | Number of Practice Hours |
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Applicant’s Name\_

**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:**
2. **University/College Department**

Degree Program CACREP Yes No University/College Internship Supervisor

Degree and Discipline of University/College Internship Supervisor

License/Credential Held by University/College Supervisor \_ License No.

Year Internship/Practicum Completed Semester Quarter

1. **Agency(s) Internship Completed**

Name of Onsite Clinical Supervisor(s) Please Print

Degree and Discipline of Onsite Clinical Supervisor

License/Credential Held by Onsite Clinical Supervisor License No.

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

Hours Experienced in Internship/Practicum: Direct Hours

Indirect Hours

Individual Supervision

Group Supervision

Total Hours

1. **University/College Supervision Hours:**

Individual Supervision Group Supervision

Student/Candidate Signature Date

University Supervisor/Instructor Signature Date