



TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

Mail Code 1982
PO Box 149347
Austin, Texas 78714-9347
(512) 834-6658

APPLICATION INFORMATION

READ THE FOLLOWING CAREFULLY. IF YOUR APPLICATION IS COMPLETED DIFFERENTLY THAN REQUIRED OR NOT IN ACCORDANCE WITH THESE INSTRUCTIONS, THE PROCESSING WILL BE DELAYED. PRINT OR TYPE ALL INFORMATION ON THE FORM. DO NOT USE PENCIL. ALL FORMS MUST HAVE ORIGINAL SIGNATURES. YOU MUST USE THE MOST CURRENT FORMS FOR APPLICATION AND UPGRADE WHICH CAN BE FOUND ON THE BOARDS WEBSITE.

DO I NEED TO BE LICENSED?

Anyone providing counseling services in Texas in accordance with the definition of the practice of counseling in the Texas Occupations Code, Chapter 503 must

- (a) hold a license as a professional counselor;
- (b) hold a temporary license to provide counseling services in Texas in pursuit of post-graduate supervised experience hours; or
- (c) hold a provisional license based on endorsement, to provide counseling services in Texas in pursuit of meeting Texas requirements for licensure, or
- (d) provide the counseling services in an exempt setting as listed in Section 3 of the Act (enclosed).

ANYONE PURSUING POST-GRADUATE SUPERVISED EXPERIENCE MUST OBTAIN A TEMPORARY LICENSE TO ACCUMULATE THOSE HOURS.

- All applicants must complete the entire Application for Licensure. Do not leave any questions or sections blank. Put "N/A" if a particular item is not applicable.
- All application materials must be submitted as a single packet. Incomplete application packets will be returned without review.
- ALL applicants MUST have submitted the Application for Licensure form.
- If practicing in another state while holding the Texas LPC-Intern license you must submit a change of supervisor/site change form for approval in advance.
- ALL FEES MUST BE PAID BY, PERSONAL CHECK, MONEY ORDER, OR CASHIER'S CHECK made payable to the Licensed Professional Counselor Board. **DO NOT SEND CASH BY MAIL.**

PERSONS APPLYING FOR A TEMPORARY (INTERN) LICENSE MUST SUBMIT THE FOLLOWING:

- (a) Application For Licensure - must be completely filled out and signed by applicant.
- (b) \$200.00 application and license fee - must be a personal check, money order, or cashier's check; do not send cash.
- (c) Practicum Documentation form - must be signed by professor who supervised practicum experience or a representative of the graduate department in which the practicum was done;
- (d) Supervisory Agreement form - must include signatures of supervisee **and** supervisor and be dated;
- (e) Official Graduate Transcript - must be sent directly from the university by mail or e-script or included with application in a sealed university envelope.
- (f) Exam scores from the National Board of Certified Counselors showing proof of passing the National Counselor Exam and proof of completing the Texas Jurisprudence exam

PERSONS WITH A TEMPORARY (INTERN) LICENSE APPLYING FOR A REGULAR LICENSE MUST SUBMIT THE FOLLOWING:

- Supervised Experience Documentation form- must be completed and signed by approved supervisor.
- Current Jurisprudence exam if previous exam is over 2 years old.

PERSONS APPLYING FOR A PROVISIONAL LICENSE (REFER TO BOARD RULE §681.112 REGARDING ENDORSEMENT) MUST SUBMIT THE FOLLOWING:

- (a) Application For Licensure - must be completely filled out and signed by applicant;
- (b) \$200.00 application and license fee - must be a personal check, money order or cashiers check;
- (c) Notarized or certified letter from state where applicant currently holds a license indicating that the license is current and whether or not disciplinary action has been taken or is currently pending against the license;
- (d) **Certified copy of licensing file from state or territory where applicant currently holds licensure;**
- (e) Evidence that applicant has passed the National Counselor Exam and the Texas Jurisprudence exam
- (f) Official Transcript from university showing a Masters degree or above.

WHAT HAPPENS AFTER I APPLY?

After your application is opened in the central office mailroom and forwarded to Department of State Health Services Fiscal Division - the cashier removes the check, money order or cashier's check and makes a record of it. Only forms and the record of your payment are forwarded to the Texas State Board of Examiners of Professional Counselors office for application processing. Your application is assigned a file number and it is reviewed for completeness. If more information or documentation is needed you will be notified in writing. YOU MUST KEEP THE LPC BOARD NOTIFIED OF YOUR CURRENT MAILING ADDRESS AT ALL TIMES. This process could take up to four- six weeks.

If the application is complete and you meet the eligibility requirements for licensure you will receive the type of licensure you qualified for, either temporary or regular. Please be aware, all examination fees and reservations for examination are made directly with the testing company.

FEES:

Application fee (includes all licenses) - \$200.00

Regular license fee (after completing all requirements if not paid at initial application stated above) \$106.00

Application fee for license with art therapy designation (fully licensed applicants only)- \$230.00

Application fee if all requirements were met from another state or reapplying for full licensure- \$200.00

Check list for License Professional Counselors application

_____ Application (either by mail or submitted on-line)

_____ Fee (\$200.00)

_____ Official Transcript

_____ Practicum/Internship form

_____ Supervisor Agreement form submitted by supervisor

_____ Copy of supervisor's renewal card

_____ Proof of passing the National Counselors Exam

_____ Proof of completing the Texas Jurisprudence Exam

_____ If applying by reciprocity a Supervised Experience Documentation Form and copy of file from other state.



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COURSE EVALUATION/LICENSING INFORMATION SHEET

LICENSING REQUIREMENTS. Applicants for licensure as a professional counselor must show evidence of the following:

1. A master's or doctorate degree in counseling or related field from a university, which meets the accreditation requirements of the board.
2. A planned graduate program of at least 48 graduate semester hours of courses which are counseling in nature, including a practicum or internship of at least 300 clock-hours which primarily involve the direct delivery of counseling services (testing practicum cannot be used toward the practicum requirements). Practicum must include at least 100 clock-hours of direct client counseling contact. An applicant must complete at least one three-semester hour course in each of the following areas:

- (1) **Normal human growth and development** - the process and stages of human intellectual, physical, social, and emotional development from prenatal origins through old age;

Course Number: _____ Course Title: _____

- (2) **Abnormal human behavior** - the principles of understanding dysfunction in human behavior or social disorganization;

Course Number: _____ Course Title: _____

- (3) **Appraisal or assessment techniques** - the principles, concepts, and procedures of systematic appraisal or assessment of an individual's attitudes, aptitudes, achievements, interests, and personal characteristics, which may include the use of both non-testing approaches and test instruments;

Course Number: _____ Course Title: _____

- (4) **Counseling theories** - the major theories of professional counseling;

Course Number: _____ Course Title: _____

- (5) **Counseling methods or techniques** - the methods or techniques used to provide counseling treatment intervention including:

(A) **counseling individuals**; Course Number: _____ Course Title: _____

(B) the theory and types of **groups**, including dynamics and the methods of practice with groups;

Course Number: _____ Course Title: _____

- (6) **Research** - the methods of research which may include the study of statistics or a thesis project in an area relevant to the practice of professional counseling.

Course Number: _____ Course Title: _____

(7) **Life style and Career development** - the theories of vocational choice, career choice and life style, sources of occupational and educational information, and career decision-making processes;

Course Number: _____ Course Title: _____

(8) **Social, Cultural, and Family issues** - the studies of change, ethnic groups, gender studies, family systems, urban and rural societies, population patterns cultural patterns, and differing life styles;

Course Number: _____ Course Title: _____

(9) **Professional orientation** - the objectives of professional organizations, codes of ethics, legal aspects of practice, standards of preparation, and the role identity of persons providing direct counseling treatment intervention;

Course Number: _____ Course Title: _____

(10) **Practicum (internship)** - as referred to in §681.82(c) of this title (relating to Academic Requirements)

Course Number: _____ Course Title: _____

3. Pass the National Counselor Examination and the Texas Jurisprudence Exam.
4. Three thousand (3,000) clock-hours of appropriately supervised experience in the provision of counseling services gained subsequent to completion of academic course work, awarding of the graduate degree and obtaining a temporary license from this board. Experience submitted to meet this requirement must meet board rules and cannot be obtained in independent practice. Supervised, structured volunteer work may be acceptable. (See board rules §§ 681.92-681.93 for additional requirements.) Supervised hours may not be completed in less than eighteen (18) months from issuance of the temporary license. At least 1,500 hours must be direct client contact.

Only Licensed Professional Counselor Supervisors will be approved to supervise LPC-Interns.

PERSONS MUST OBTAIN A TEMPORARY LICENSE BEFORE BEGINNING TO ACCRUE SUPERVISED EXPERIENCE HOURS.

NOTE: FULFILLMENT OF THE ABOVE REQUIREMENTS MUST BE DOCUMENTED ON BOARD FORMS. THE APPLICATION AND DOCUMENTATION FORMS WILL BE PROVIDED IN THE APPLICATION PACKET.

For additional information please contact

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Have you ever voluntarily surrendered a professional license or certificate? Yes___ No___

If yes, list types of license/certificate, issuing state, date of surrender and reason for surrender.

CRIMINAL HISTORY

Have you ever been convicted, pled guilty, or nolo contendere to any misdemeanor or felony other than juvenile offenses or misdemeanor traffic violations? Yes___ No___

If yes, attach a certified copy of the official indictment, judgment and disposition, including dates, charges, city and any other pertinent information concerning the misdemeanor or felony. Application will not be processed without this information. Attachment: Yes___ No___

CURRENT EMPLOYMENT INFORMATION

Employer: _____ Position Title: _____

Mailing Address: _____

Employer Telephone No: (____) _____ - _____ Name of Supervisor: _____

Type of Practice: School___ Hospital___ Independent___ Government Agency___ Nonprofit___
Other (specify) _____

GRADUATE TRAINING (Transcripts must be submitted to the Board directly from the university by mail or e-script **or** included with application in a sealed university envelope.)

I have a graduate degree in counseling or counseling related field(§681.2(8)) and a minimum of 48 hours of graduate course credit in counseling related subjects as required in Rule 681.83. Yes___ No___

I have met the 10 core areas as required by §681.84 Yes: _____ No: _____

University awarding graduate degree: _____

University where additional courses were taken: _____

Official transcript(s) of graduate training is being sent directly to the LPC Board from the university by mail or e-script. Yes___ No___

Official transcript(s), in a sealed university envelope, is included with this application. Yes___ No___

PRACTICUM EXPERIENCE (300 total clock hours required; 100 in direct client counseling)

I have completed a graduate level practicum/internship with a minimum of 300 clock hours and have included the Practicum/Internship Documentation form(s) with this application. Yes___ No___
(See board rule 681.92(i) regarding excess practicum hours)

SUPERVISORY AGREEMENT (Supervisor must be pre-approved by the Board)

I have entered into a supervisory agreement with board approved supervisor and enclosed the Agreement Form and copy of supervisor's renewal card with this application. Yes___ No___

EXAMINATION INFORMATION (Proof of the NCE and Texas Jurisprudence exam)
DO NOT APPLY FOR LICENSURE IF NCE HAS NOT BEEN PASSED WITHIN THE LAST 5 YEARS, APPLICATIONS WILL BE VOIDED WITHOUT HAVING PASSED THE NCE.

I have passed the NCE and have enclosed proof of the passing grade Yes ___ No ___.

I have successfully completed the Texas Jurisprudence exam and have enclosed the certificate of completion.
Yes ___ No ___

SUPERVISED EXPERIENCE (*Applicants for Provisional License Only*) Supervised experience must be documented on LPC Board Supervised Experience Documentation Form. (Applicant must hold a temporary license to accrue these hours if in the state of Texas).

I have completed the required clock hours of supervised training under an approved supervisor and the Supervised Experience Document(s) is/are included with this application. Yes ___ No ___

**DO NOT SIGN WITHOUT READING
CAREFULLY**

In making this application to the Texas State Board of Examiners of Professional Counselors for the issuance of a license:

- **I have read the Licensed Professional Counselor Act and am familiar with the requirements of the Act and with the Rules of the board. I agree to abide by the current and subsequent rules of the Texas State Board of Examiners of Professional Counselors**
- I have taken all required examinations necessary for the processing of my application.
- I agree to be bound by the Code of Ethics of the Texas State Board of Examiners of Professional Counselors.
- I understand that the fee submitted with this application is **non-refundable**.
- I agree that if issued a license, upon revocation, suspension, or cancellation of that license, I shall return the said license to the board.
- I agree to hold the Texas State Board of Examiners of Professional Counselors, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by the reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the board to issue me a license. I hereby grant permission to the board to seek any information or references it deems fit in securing my credentials pertinent to this application.
- The information, which I have provided in this application, is truthful. I understand that giving the board false information of any kind may result in the voiding of this application and my failing to be granted licensure.

I request the following legal name appear, as printed or typed, on any license issued to me by the Board.
(Max of 64 characters, Counseling-related degree awarded must be included):

Print or type: _____

Signature of Applicant

Today's Date

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

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**PRACTICUM/ GRADUATE INTERNSHIP
DOCUMENTATION**

Please type or print legibly.

Name of Applicant: _____
(Last) (First) (M.I.)

Applicant's Social Security Number _____

Name of agency or organization where practicum/Internship was completed: (One form per site)

Course number of practicum/internship [as it appears on the graduate transcript] _____

University arranging practicum/internship: _____

Date of counseling practicum/internship: From (mm/dd/yy): _____ To (mm/dd/yy) : _____

Total number of clock-hours awarded for referenced practicum/internship: _____

Total number of clock-hours of direct client counseling contact during practicum/internship: _____

Type(s) of counseling: (check all appropriate types)

General: ___ Marriage & Family: ___ Group: ___ Individual: ___ Drug & Alcohol Abuse: ___

Career & Vocational: ___ Rehabilitation: ___ Academic: ___ Child & Adolescent: ___

Setting(s): (check all appropriate settings) Private practice: ___ School: ___

Hospital: ___ Volunteer: ___ Univ. Counseling Center: ___ Nonprofit organization: ___

Practicum/Internship Supervisor Name (print): _____

Title: _____ City: _____ State _____

I CERTIFY THAT THE APPLICANT SUCCESSFULLY COMPLETED THE COUNSELING PRACTICUM LISTED ABOVE, AND I AFFIRM THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

Practicum/Internship Supervisor or School Official Signature

Today's Date

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

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SUPERVISORY AGREEMENT FORM

This is not a contract between supervisee and supervisor.

This form is for individuals applying for an LPC Temporary (Intern) license. You and your prospective supervisor shall fill this form out together. The supervisor is responsible for sending this form, along with his/her current renewal license card, to the address above.

You will not receive a separate letter approving this site. The issuance of the LPC Intern license represents approval of the initial supervisor agreement form. I also understand that it is my responsibility to verify on the board's website that the site/supervisor change is approved.

Please Complete Both Sides: Incomplete Forms Will Not Be Processed

APPLICANT INFORMATION

Name: _____
Last Name First Name M.I.

Social Security Number: _____ - _____ - _____ Telephone #: _____

Preferred Mailing Address: _____
Street Name City State Zip

SUPERVISOR INFORMATION: A copy of the supervisor's renewal card must be submitted with this form. Refer to board rule Title 22 TAC §681.93 for information related to board acceptable supervisors.

Name: _____
Last Name First Name M.I.

License #: _____ Issued: _____ Expiration Date _____

Preferred Mailing Address: _____
Street Name City State Zip

INFORMATION RELATED TO SUPERVISED EXPERIENCE

Name and address of organization/agency where experience will be gained (Complete separate form for each setting): _____

Type of Setting: Private Practice___ Hospital___ School___ Volunteer___ Government Agency___
Nonprofit___ Other___ **Average Number of Hours Expected To Be Gained Per Week:** _____

Type of Counseling Experience to Be Gained: (Check all that apply)

General___ Group___ Marriage & Family___ Drug & Alcohol___ Career & Vocational___
Rehabilitation___ Academic___ Child & Adolescent___ Art Therapy___ Other___

Is the supervision actual face to face? ___YES ___NO **Live internet web cam?** ___YES ___NO

APPLICANT AND SUPERVISOR MUST KEEP A COPY OF THIS FORM FOR RECORDS

I, as applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following: (mark an X by each statement verifying it has been reviewed)

- I have read the board rules related to supervised experience and that all supervised experience will be completed in accordance with board rules (Title 22 TAC Ch. 681).
- I will meet with my supervisor four times per month of documented supervised experience. I understand that no more than 50% of the total hours of supervision can be live Internet webcam supervision and no more than 50% of the total hours of supervision may be received in group supervision.
- I will abide by all rules of the board, including ethics requirements.
- I understand the LPC Intern license does not give me the authority to engage in the independent practice of counseling. This must be very clearly presented to the public.
- I understand the LPC Intern license is only valid while I practice under supervision.
- I will notify the board if this supervisory arrangement is terminated.
- I have verified that my supervisor has attached a copy of his/her supervisor's renewal card with this document.

I understand that an Intern Supervisor/Site Change Form must be sent to the board and approved by the board, in advance, if I wish to change or add a supervisor or site after my initial site and supervisor are established. I also understand that it is my responsibility to verify on the board's website that the site/supervisor change is approved. The issuance of the LPC Intern license represents approval of the initial supervisor agreement form.

Signature of Applicant

Today's Date

I, as the board approved supervisor of the above named applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following: (mark an X by each statement verifying it has been reviewed)

- All supervised experience will be completed in accordance with Subchapter C and F of the board rules related to the Code of Ethics and supervised experience and all subsequent board rules (Title 22 TAC Ch. 681)..
- I will provide supervision to the above named applicant one hour during each week of documented experience.
- I understand that I have the full professional responsibility for services provided by the of the supervisee.
- I understand that the supervisee cannot independently practice counseling until he or she obtains a regular license. This must be very clearly presented to the public.
- I understand the supervisory arrangement must be reflected on all billing documents.
- I understand the supervisory arrangement is only valid while my license remains current.
- I will notify the board if the supervisory arrangement is terminated.
- I will keep my supervisor status current and understand that it is my responsibility to inform the intern should my supervisor status lapse.
- I have attached a copy of my renewal card to this document.

I will verify that my intern has received an LPC Intern license before supervision begins and before he/she is assigned to me as a supervisee. I understand that no hours will count for the intern if required documentation is not received in the board office. I will verify on the board's website that my intern has been approved for each site in which supervision is taking place. Both my intern and I will contact the board regarding any issue with supervision.

Signature of Supervisor

Today's Date

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

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Budget ZZ115
Fund #155
Mail code with fee: 2003
Mail code w/out fee: 1982

This form is to be used to document post graduate supervised hours earned under a temporary (Intern) license to upgrade to full licensure or to document hours earned in another state. If you have completed the 3,000 hours you may submit this form along with the 2-year licensure fee of \$106.00 to the above address. If initial application was received on or after May 2012 no additional fee is required. You will be notified in writing of any deficiencies. DO NOT SEND A NEW APPLICATION FOR UPGRADE WITH THIS FORM AS THIS WILL DELAY THE PROCESSING OF YOUR FILE

SUPERVISED EXPERIENCE DOCUMENTATION FORM

I am applying for an upgrade to full licensure: Yes No
I have enclosed an updated Jurisprudence exam certificate: Yes No (If original is over 2 years old)

TO BE COMPLETED BY APPLICANT

Name of Applicant (First) (Middle) (Last)

Mailing Address: (Preferred Mailing Address) City State Zip Phone #

Applicants Social Security #: Intern License # Date of Birth:

Name and address of agency or organization where the applicant gained required supervised experience (must submit an experience form for each supervisor and/or site):

Three blank lines for agency name and address.

TO BE COMPLETED BY BOARD APPROVED SUPERVISOR (ONLY)

Dates of applicant's supervised counseling experience: Document only experience occurring after the date of issuance of the temporary license and the approval date of you, the supervisor, for the site listed above, as stated on the Supervisor Agreement form or Supervisor/Intern site change form.

Date of Supervision at the above listed site: (mm/dd/yy): To: (mm/dd/yy): (DO NOT USE "PRESENT")

I have met with my intern weekly as required by board rule: Yes No

A) Total number of clock-hours of indirect counseling experience including supervision hours: (Supervision hours must be broken down to reflect hours for each site)

B) Total number of clock-hours of direct counseling experience:

C) Total number of clock-hours (A+B) of supervised experience: (Do not include excess practicum hours already credited)

TO BE COMPLETED BY BOARD APPROVED SUPERVISOR ONLY

(Continued)

Type of Setting: Private Practice___ Hospital___ School___ Volunteer___ Government Agency___ Nonprofit___ Other___

Type of Counseling Experience Gained: General___ Group___ Marriage & Family___ Drug & Alcohol___ Career & Vocational___ Rehabilitation___ Academic___ Child & Adolescent___ Art Therapy___ Other___

Did you provide supervision for the applicant/supervisee during the dates of experience claimed above? Yes: ___ No: ___

Do you and the supervisee have a written agreement for supervision on file with the board for the site listed on this form? Yes: ___ No: ___

Did your supervision meet the requirements set out in Board rules Title 22 TAC §681.92 and §681.93, consisting of a minimum of four hours per month of face-to-face supervision? Yes: ___ No: ___ Was the supervision actual face to face ___yes, ___no, or live internet webcam? ___yes, ___no.

Do you hold licensure as a Professional Counselor with the supervisor status? Yes: ___ No: ___

License # _____ State: _____ Date License Issued: _____ Expiration Date: _____

If hours were earned in a state other than Texas please include a copy of the supervisor's credentials.

As supervisor of the applicant's counseling experience, do you have any reservations about the applicant being granted a license for the independent practice of counseling? Yes: ___ No: ___ If yes, please specify:

I, as supervisor of the above-named applicant's experience, affirm that the information provided on this form is true and accurate:

Printed Name of Supervisor License #

(Address) (City) (State) (Zip) (Phone)

(Signature) (Today's Date)

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