

Michigan Department of Licensing and Regulatory Affairs
Board of Counseling
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918
www.michigan.gov/healthlicense

COUNSELOR LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Counseling. Questions regarding your application can be directed to the Michigan Board of Counseling at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

LIMITED LICENSE – The limited license **must** be obtained **prior** to beginning post-degree supervised experience in Michigan. Supervised experience completed in Michigan prior to obtaining the limited license **cannot** be counted toward the requirements for full licensure.

1. Complete the Counselor License Application form and submit it, along with the appropriate fee, to the Board of Counseling office. Applications submitted without the required licensing fee will be returned. An application accompanied by the appropriate fee is valid for two years.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. **EDUCATIONAL REQUIREMENTS:** To be eligible, an applicant must have obtained a minimum of a master's degree in a counseling or student personnel work program of not less than 48 semester hours or 72 quarter hours which included studies in all of the following: career development; consulting; counseling techniques; counseling theories; counseling philosophy; group techniques; professional ethics; research methodology; testing procedures; practicum; AND an internship that consists of not less than 600 hours of supervised clinical experience in the practice of counseling.
 - a. Arrange for an **official transcript** of your graduate education to be forwarded directly to this office from the registrar of your educational institution. **STUDENT COPY TRANSCRIPTS WILL NOT BE ACCEPTED.**
 - b. Complete Section I of the **Certification of Counseling Education** form and forward it to the Director of your Counselor Education Program for certification of the education program you completed. Your Certification of Counseling Education form must be received in this office directly from your educational institution.
4. Submit a Professional Disclosure Statement (see information on page 4).
5. Send the enclosed Verification of Licensure or Registration form to any other state where you have ever held a permanent counseling license. The form may be duplicated as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required before sending them the form for completion. The completed verification form must be returned to the Michigan Board directly from the states(s) where you have been licensed.
6. ORIGINAL LICENSES ARE VALID FOR A YEAR OR LESS, SUBSEQUENT RENEWALS ARE FOR A ONE-YEAR PERIOD.

FULL PROFESSIONAL COUNSELOR LICENSE BY EXAMINATION (Those with a degree and experience before October 1, 1993 see #8 on page 2 of these instructions.)

1. Complete the Counselor License Application form and submit it, along with the appropriate fee, to the Board of Counseling. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. **EDUCATIONAL REQUIREMENTS:** Meet the educational requirements as indicated above for a Limited License.
4. **EXPERIENCE:** Counseling experience under the supervision of a licensed professional counselor is required to qualify for a full professional counselor license. All supervised experience obtained in Michigan must be completed after the limited counselor license has been issued. Supervised experience gained prior to obtaining the limited license **cannot** be counted toward licensure. Individuals with a Master's degree must accrue 3,000 hours of post-degree counseling experience in not less than a two-year period with at least 100 hours accrued in the immediate physical presence of the supervisor. Individuals who have completed 30 semester hours or 45 quarter hours of graduate study in counseling beyond a Master's degree must accrue 1,500 hours of post degree counseling experience in not less than a one-year period with at least 50 hours accrued in the immediate physical presence of the supervisor.
5. Arrange for a completed **Counseling Work Experience** form to be submitted directly to the board office from your supervisor.

PLEASE NOTE: Effective January 2005, all supervisors of LLCs are required to have training in the function of supervision. Counselors receiving supervision from a supervisor who does not have the required training can count only those hours accrued before January 1, 2005.

6. **EXAMINATION:** An applicant for Professional Counselor Licensure shall have passed one of the following examinations: The National Counselor Examination (NCE) given by the National Board for Certified Counselors, 3 Terrace Way, Greensboro, NC 27403; telephone (336) 547-0607 www.nbcc.org/stateboardmap (see enclosed NBCC form) **or** the Commission on Rehabilitation Counselor Certification (CRCC) Examination. (CRCC, 300 N Martingale Rd, Ste 460 Schaumburg, IL 60173; telephone (847) 944-1325 www.crc certification.com) Arrange for the examination agency to forward an official copy of your scores directly to this office.
7. Submit a Professional Disclosure Statement (see information on page 4).
8. Send the enclosed Verification of Licensure or Registration form to any other state where you have ever held a permanent counseling license. The form may be duplicated as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required before sending them the form for completion. The completed verification form must be returned to the Michigan Board directly from the states(s) where you have been licensed.
9. **NOTE:** An individual who received a master's or doctoral degree in counseling or student personnel work by October 1, 1991 and had two years of experience by October 1, 1993 may be issued a full professional counselor license by doing the following:
 - a. Complete the Counselor License Application form and submit it, along with the appropriate fee, to the Board of Counseling office. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

- b. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
- c. Arrange for an **official transcript** of your counseling or student personnel work education to be forwarded directly to this office from the registrar of your educational institution. **STUDENT COPY TRANSCRIPTS WILL NOT BE ACCEPTED.**
- d. Submit a Professional Disclosure Statement (see information on page 4)
- e. Send the enclosed Verification of Licensure or Registration form to any other state where you have ever held a permanent counseling license. The form may be duplicated as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required before sending them the form for completion. The completed verification form must be returned to the Michigan Board directly from the states(s) where you have been licensed.

FULL PROFESSIONAL COUNSELOR LICENSE BY ENDORSEMENT - Requires the applicant to be currently licensed as a professional counselor in another state and meet the following:

- 1. If you have held licensure in another state and you have been engaged in the practice of counseling for a minimum of five years before the date of filing for a Michigan license:
 - a. Complete the Counselor License Application form and submit it, along with the appropriate fee, to the Board of Counseling office. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
 - b. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
 - c. Submit a Professional Disclosure Statement (see information on page 4)
 - d. Send the enclosed Verification of Licensure or Registration form to any other state where you have ever held a permanent counseling license. The form may be duplicated as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required before sending them the form for completion. The completed verification form must be returned to the Michigan Board directly from the states(s) where you have been licensed.
- 2. If you have not been licensed in another state for a minimum of five years, you must apply by examination. Please refer to the instructions for full professional counselor by examination starting on page 1.

PROFESSIONAL DISCLOSURE STATEMENT

Section 18113 of the Michigan Public Health Code, 1978 PA 368, as amended, requires that a licensed counselor furnish a Professional Disclosure Statement to all prospective clients before engaging in counseling services.

A Professional Disclosure Statement is required from every applicant, even if you are not currently practicing. You must provide a separate Professional Disclosure Statement for each practice location. You are required to submit a new Professional Disclosure Statement to the board within 30 days if you have any changes to the required information.

Your license cannot be issued without a Professional Disclosure Statement(s) on file. Attach a copy of your Professional Disclosure Statement(s) to your application for licensure.

YOUR PROFESSIONAL DISCLOSURE STATEMENT MUST INCLUDE ALL OF THE FOLLOWING INFORMATION:

1. Your name, business address, and telephone number. (If not currently employed provide your name, address and telephone number as shown on your application for licensure.)
2. A description of your practice.
3. A description of your education and experience.
4. The fee you charge your clients or if you do not charge a fee.
5. The following information must be included in your Professional Disclosure Statement in the event your client(s) would like to file a complaint regarding your counseling services. This address and phone number should not be used for any other purpose.

Michigan Department of Licensing and Regulatory Affairs
Health Regulatory Division
P.O. Box 30670
Lansing, MI 48909
(517) 373-9196

6. If you are applying for the limited counselor license, you **must** include the name of the licensed professional counselor who will be supervising your 3000 hours of post-degree experience. In addition, this document must include the following statement, "I agree to supervise (insert your name) for the required post-degree counseling experience." this statement must be signed by the supervising licensed professional counselor and must include his/her license number.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Counseling in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Counseling in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
4. ORIGINAL LICENSES ARE VALID FOR A YEAR OR LESS, SUBSEQUENT RENEWALS ARE FOR A THREE-YEAR PERIOD.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H HILFINGER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS- (Michigan locations only)
AGENCY ID NUMBER IS 71734k**

Applicants for a Michigan health professional license may have their fingerprints taken by either L-1 Identity Solutions or Cogent Systems. Whether you use L-1 Identity Solutions or Cogent Systems, the Agency ID Number for health professional licensing is 71734k. This ID number MUST be used in order to have your fingerprint report sent to the Bureau of Health Professions. Keep the receipt you receive once your fingerprints are taken.

You must bring the Livescan Fingerprint Request Form (attached) and a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprinting agency when registering for or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Bureau of Health Professions will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.

Information about fees and scheduling your fingerprint appointment with L-1 Identity Solutions can be found at www.L1enrollment.com or by calling 1-866-226-2952.

Information about fees and registering to have your fingerprints taken by Cogent Systems can be found at www.cogentid.com/index.htm. Click on Michigan and then select the Cogent MAPS (Michigan Applicant Processing Service) option. If you are using Cogent Systems, the MAPS option must be used for health professional licensing purposes. Cogent Systems can be reached by phone at 1-877-838-4903. E-mail inquiries about using Cogent Systems may be sent to mihelp@cogentsystems.com.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H HILFINGER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For applicants out of state or out of country)**

1. Contact a local law enforcement , governmental, or private fingerprinting agency to see if they can perform an ink fingerprint on an FBI (FD-258) card or on another state's official fingerprint card. The ink fingerprint must be completed on card stock.
2. Submit the card with your fingerprints, the completed Livescan Fingerprint Request Form (attached) and a business check or money order for \$62.75 made payable in U.S. Funds to L-1 Identity Solutions to the following address:

L-1 Enrollment Services/LiveScan Processing Unit
1650 Wabash Ave. Ste. D
Springfield, IL 62704

3. Please include a daytime telephone number or e-mail address where you can be reached if there are any questions.
4. L-1 Identity Solutions will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Health Professions will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
7. Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) if you have any questions.
8. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 241-0606.

LIVESCAN FINGERPRINT REQUEST FORM

Fingerprint Date:	TCN:
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Type of I.D. Presented:	Type of Licensure/Registration:
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Applicant Instructions: Take this completed form along with your picture I.D. to your scheduled appointment. Please print clearly.

First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:	
Height:	Weight:	Eye Color:	Hair Color:

REQUESTING AGENCY INFORMATION

Agency I.D. Number: 71734k	Agency Name: Department of Licensing and Regulatory Affairs, Bureau of Health Professions
Reason Fingerprinted: LHP - Licensed Health Care Professional (MCL333.16174)	Cost:

****Disclaimer:** Any and all errors that result in dual fingerprinting (Duplicate transmission to MSP), multiple fingerprint codes, fingerprints processed with incorrect fingerprint codes/reasons, etc., are the responsibility of the **LIVESCAN AGENCY**. MSP will charge for dual fingerprinting (transmission), etc.

Michigan Department of Licensing and Regulatory Affairs
Board of Counseling
 P.O. Box 30670
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense



APPLICATION FOR LICENSURE AS A COUNSELOR

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

Type or Print Only

<p>I AM APPLYING FOR THE FOLLOWING:</p> <p><input type="checkbox"/> Professional Counselor License by Exam - Fee: \$115.00 71-6401-01</p> <p><input type="checkbox"/> Professional Counselor License by Endorsement - Fee: \$115.00 71-6401-09</p> <p><input type="checkbox"/> Limited Counselor License - Fee: \$80.00 71-6401-03</p> <p><input type="checkbox"/> Professional Counselor License, Grandfathering - Fee: \$115.00 71-6401-05</p> <p>Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.</p>		<p>Board Use Only</p> <p>License Number:</p> <hr/> <p>Date of Licensure:</p> <hr/>
Legal First Name	Legal Middle Name	Legal Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number ()
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		E-mail Address
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> If yes, list Michigan permanent I.D./license number and expiration date: _____		

Check the appropriate answer to each of the following questions. NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name

Provide a description of your professional counseling experience.
Attach additional sheets if necessary.

Name and Address of Employer	Dates of Practice		Duties
	From	To	

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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Important Information and Registration Form Below

- Registrations are first received by our Accounting Department and forwarded to the Assessment Department after your fee has been processed. To confirm when your fee has been processed, please check with your financial institution.
- **The registration processing time is four weeks from the time your payment is processed.** Once registered you will be notified by email and postcard.
- When completing your registration form, please be aware that the name listed on your legal I.D. (driver's license/passport) must be the name you register under.
- When you register for the first time, you are required to submit an **official, sealed** (unopened) transcript showing **conferral** of your degree in counseling or a related field. This should be included with your registration form and fee.
- If your transcript is under your maiden name, please include legal documentation of your name change with your registration form.
- If you need to re-register with NBCC, you are not required to send another transcript. If you are unsure, please contact NBCC.
- If you would like to check on the status of your registration, email examinations@nbcc.org with your state in the subject line.
- **Special Accommodations:**
 1. If you have special accommodation requests, you are required to submit **supporting documentation** from a licensed physician, psychologist or psychiatrist that includes the **diagnosis** and specific requests.
 2. The document is required to be on official letterhead that is signed, dated and written within the last five years.
 3. Along with the documentation, please include a Special Accommodation Request Form found on the last page of the candidate handbook.
 4. If you are requesting extra time or permission to bring a translation dictionary because English is your second language, and you studied in English, please send documentation from your graduate program showing that you received special accommodations due to ESL while in school.

If you studied in another language you will need to submit an international degree equivalency. See www.nbcc.org/Student/International.
 5. Candidates approved for extra time due to ESL must pay an additional fee of \$60 to receive this accommodation.
- A candidate may reschedule an examination appointment at no charge **one time** by calling AMP at 888-519-9901 at least two to three business days prior to the scheduled testing session. Please note, your rescheduled exam date must fall within your original 6 month eligibility period.
- Confirmation of your test date will come from AMP by email. You will not be sent an admission letter from NBCC. To verify your test date, contact AMP.
- Please do not contact AMP to schedule a test date until you have received confirmation from NBCC.
- **Your scores are automatically sent to your state board approximately four weeks after the last day of the testing week. Please check with your State Board before requesting a score verification.**

It is the candidate's responsibility to ensure that all registration materials are received by NBCC.

If you are unsure of any piece of the registration process, please email NBCC at examinations@nbcc.org before submitting any registration materials or documentation.

National Counselor Examination (NCE) State Specific Insert for Michigan Licensure Candidates

****This is a supplement to the NCE Candidate Handbook. You can download the handbook from the NBCC Web site at www.nbcc.org/directory.****

CONTACT INFORMATION

All questions and requests for information about Michigan licensure should be directed to:

Michigan Board of Counseling
The Bureau of Health Professions
PO Box 30670 / 611 W Ottawa
Lansing, MI 48909
Phone: 517-335-0918
Fax: 517-373-2179
Web site: <http://www.michigan.gov/healthlicense>

All questions and requests for information about the Michigan licensure examination program should be directed to:

NBCC Assessment Dept.
3 Terrace Way, Suite D
Greensboro, NC 27403
Phone: 336-482-2856
Web site: www.nbcc.org/directory

ELIGIBILITY REQUIREMENTS

Candidates should send the Licensure Examination Registration Form with **original ink signature**, examination fee (\$195), and an official, sealed (unopened) academic transcript identifying the conferral date of a Master's degree in counseling or a related field to NBCC. **(Fees are subject to change.)**

REGISTRATION DEADLINES

Candidates will need to allow 4 weeks processing time from the time your fee clears. Candidates can submit registration materials described above at any time but be aware that space is limited. The fees are good for 6 months.

TESTING SCHEDULE

Testing is normally the first two full weeks of each month, Monday thru Saturday at 9:00am and 1:30pm, with four hours allowed for the exam. However, only certain sites offer Saturday testing; candidates should contact AMP for particular locations and dates. Candidates are scheduled on a first-come, first-served basis. There are three testing locations in Michigan, however, you are able to test at any of the over 170 AMP assessment centers across the U.S. The three sites in Michigan are Detroit (Dearborn), Flint, and Grand Rapids (Wyoming).

Examination schedule for 2011/2012:

❖ July '11	07/05 – 07/16
❖ August '11	08/01 – 08/13
❖ September '11	09/06 – 09/17
❖ October '11	10/03 – 10/15
❖ November '11	11/07 – 11/19
❖ December '11	12/05 – 12/17
❖ January '12	01/02 – 01/14
❖ February '12	02/06 – 02/18
❖ March '12	03/05 – 03/17
❖ April '12	04/02 – 04/07
❖ April '12	04/17 – 04/21
❖ May '12	05/07 – 05/19
❖ June '12	06/04 – 06/16
❖ July '12	07/02 – 07/14
❖ August '12	08/06 – 08/18
❖ September '12	09/04 – 09/15
❖ October '12	10/01 – 10/13
❖ November '12	11/05 – 11/17
❖ December '12	12/05 – 12/15

Exam dates should be scheduled by the candidate through AMP's Web site or by calling AMP's toll-free customer service line **after receiving confirmation from NBCC.**

AMP Phone number: 888-519-9901
AMP Web site: www.goAMP.com

RE-REGISTRATION

Candidates who fail the exam will have to wait at least 3 months from their test date before they can retest. The actual retest date will depend on the monthly testing schedule and site availability. Candidates will need to send a new registration form and examination fee (\$195).

SPECIAL ACCOMMODATIONS

Candidates should request special accommodations by completing the form in the Candidate Handbook and submitting it with their Licensure Examination Registration form. Supporting documentation from a qualified professional is also required. Special Accommodation approvals are good for one year. After one year, candidates will need to submit a new request. Candidates testing with approved special accommodations should schedule their test via the toll-free number to ensure their accommodations are confirmed.

AFTER PASSING THE EXAM

Once you have successfully passed the NCE, please contact the Michigan Board of Counseling for further information. If you have questions about the Michigan licensure process, please contact the Michigan Board of Counseling for information.

Board of Counseling

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

CERTIFICATION OF COUNSELING EDUCATION

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, certification will not be issued.

INSTRUCTIONS: Type or print your name exactly as it appears on your application. Complete Section I and, if necessary, Section II. Forward this form to the director of your counseling education program for completion of **Section II**. **This certification must be submitted directly to the Michigan Board of Counseling by your educational institution.**

SECTION I - APPLICANT INFORMATION

First Name	Middle Name	Last Name	
U.S. Social Security Number	Date of Birth	Daytime Telephone Number	
Street Address			
City		State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)			
Name of Educational Institution		Date of Admission	Date Degree Granted
Level of Degree Granted	Discipline/Program Title		

Was the program you completed accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP)? Yes No

Was the program you completed accredited by the Council on Rehabilitation Education (CORE)? Yes No

If the answer is Yes to the above question, it is not necessary to complete Section II. Please sign and forward to your educational institution for completion of Section III on the reverse side of this form.

Was the institution you attended Regionally accredited? Yes No

SECTION II - PROGRAM INFORMATION

My counseling program consisted of areas of study in the courses indicated below as defined in Rule 338.1751 of the Board's Administrative Rules. List course titles and course numbers for each area below.

CAREER DEVELOPMENT:	CONSULTING:
COUNSELING PHILOSOPHY:	GROUP TECHNIQUES:
COUNSELING TECHNIQUES:	RESEARCH METHODOLOGY
TESTING PROCEDURES:	PROFESSIONAL ETHICS:
COUNSELING THEORIES:	

Signature of Applicant	Date of Signature
------------------------	-------------------

Name

EDUCATIONAL INSTITUTION INSTRUCTIONS:

Please complete Section II below and forward the completed form to the Michigan Board of Counseling office at the address on Page 1 of this form. Attach additional sheets if needed to clarify the information provided by on the certification.

SECTION III - CERTIFICATION OF COUNSELING PROGRAM

Name of Educational Institution											
Street Address of Institution											
City, State and ZIP Code											
<p>I certify that _____ attended the <small>(Applicant's Name)</small></p> <p>educational institution named above from _____, to _____, <small>(Month/Day/Year)</small> <small>(Month/Day/Year)</small></p> <p>and was granted a _____ degree in _____, <small>(level)</small> <small>(Discipline/Program Title)</small></p> <p>and that the length of the program was at least 48 semester hours or 72 quarter hours. I certify that the program information on Page 1 of this form is correct.</p> <p>This program included a/an:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Practicum</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 15%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 5%; text-align: center;">No</td> </tr> <tr> <td>Internship of at least 600 hours of supervised experience</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">No</td> </tr> </table>		Practicum	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Internship of at least 600 hours of supervised experience	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Practicum	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No							
Internship of at least 600 hours of supervised experience	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No							
_____ Signature of Program Representative	_____ Date of Signature										
_____ Print or Type Name of Program Representative											
_____ Telephone Number or e-mail address of Program Representative											

(S E A L)

Board of Counseling

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

COUNSELING WORK EXPERIENCE FORM

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, certification will not be issued.

INSTRUCTIONS: Type or print your name exactly as it appears on your application. Send this form directly to your professional counseling supervisor for completion of Section II. **THIS FORM MUST BE SUBMITTED DIRECTLY TO THE MICHIGAN BOARD OF COUNSELING BY YOUR SUPERVISOR.**

SECTION 1 - APPLICANT INFORMATION: Complete this section and forward to your supervisor.

Applicant's Name	Michigan Permanent License Number (if applicable)
U.S. Social Security Number	Telephone Number

EXPERIENCE - Counseling experience under the supervision of a licensed professional counselor is required to qualify for a full professional counselor license. If the supervised work experience is completed in Michigan, the applicant **must** hold a limited professional counselor license for the hours to be counted toward the requirements for a full license. Individuals with a master's degree must accrue 3,000 hours of post-degree counseling experience over a period of at least two years, with a minimum of 100 hours accrued under the immediate physical presence of the supervisor. Individuals who have completed 30 semester hours or 45 quarter hours of graduate study in counseling beyond a master's degree must accrue 1,500 hours of post-degree counseling experience in a period of at least one year, with a minimum of 50 hours accrued in the immediate physical presence of the supervisor.

SECTION II - INSTRUCTIONS TO SUPERVISOR: Complete the remainder of this form and return it to the Board of Counseling at the address given above.

Supervisor's Name	Michigan Permanent I.D. Number (If applicable)
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Please answer the following questions about your credentials at the time you supervised the applicant.**For work experience in Michigan:**

Were you a licensed professional counselor in Michigan at the time you supervised the applicant?

 Yes No
For work experience in another state:

Were you licensed or certified as a professional counselor in the state where you were providing supervision?

 Yes No

State _____ Type of License or Certificate _____

Please answer the following questions about your supervision of the above named applicant's professional experience in the practice of counseling.

What was your title at the time of supervision? _____

What was the applicant's title at the time of supervision? _____

Describe Applicant's Duties _____

Name

I certify that _____ practiced counseling under my supervision at	
Applicant's Name	
_____ located at _____	
Name of Agency	Address
from _____ to _____ for a total of _____ hours.	
Month/Day/Year	Month/Day/Year
At least <input type="checkbox"/> 50 or <input type="checkbox"/> 100 hours were accrued in my immediate physical presence.	
Effective January 1, 2005, all supervisors of Limited License Professional Counselors are required to have training in the function of supervision.	
I have received training in the function of supervision.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Public Health Code also requires that: 1) the supervisor be available on a regularly scheduled basis to review the practice of the applicant, to provide consultation, to review records, and to further educate the applicant: 2) there must be continuous availability of direct communication in person or by radio, telephone, or telecommunication.	
Did your supervision fulfill this agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor's Signature	Date

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Professions
 P.O. Box 30670
 Lansing, MI 48909
 www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Acupuncture <input type="checkbox"/> Audiology <input type="checkbox"/> Chiropractic <input type="checkbox"/> Counseling <input type="checkbox"/> Dentistry <input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Medicine <input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Home Admin. <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry <input type="checkbox"/> Osteopathy	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician's Assistants <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychology <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Sanitarian <input type="checkbox"/> Social Work <input type="checkbox"/> Veterinary Medicine
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

(S E A L)

Title

Full Name of Licensing Board