



Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI 48909
 Telephone: (517) 335-0918
www.michigan.gov/bpl
BPLHelp@michigan.gov

APPLICATION FOR A PROFESSIONAL COUNSELOR LICENSE

Authority: 1978 PA 368

Type or Print Clearly **(This Form Should Not Be Used For License Renewal)**

Applicant's Legal First Name	Legal Middle Name	Legal Last Name
U.S. Social Security # <i>(New Applicants Only)</i>	Date of Birth <i>(New Applicants Only)</i>	10-Digit MI Permanent ID/License Number (If Applicable)

Address

City	State	Zip Code	Country
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Telephone Number	Email Address
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List any other name or alias by which you have ever been known, including maiden name, if applicable:

CHECK THE LICENSE/OBTAINED BY METHOD	FOR OFFICE USE ONLY
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	License Number	Issue Date
<input type="checkbox"/> L.P.C – By Endorsement \$124.30 6401-09		
<input type="checkbox"/> L.P.C – By Exam \$124.30 6401-01		
<input type="checkbox"/> L.P.C. – Relicensure \$144.30 6401-06		
<input type="checkbox"/> Limited L.P.C. \$ 86.45 6401-03		
<input type="checkbox"/> Limited L.P.C. Relicensure \$106.45 6401-06		

Your check or money order, drawn from a U.S. financial institution and made payable to the **STATE OF MICHIGAN**, must accompany this request. **DO NOT SEND CASH.** Fees are non-refundable.

Professional Education
(Attach additional sheets if necessary)

Name of School	Name of Degree Granted

License(s) in Other State(s) and/or Country

List each state or country where you have ever held a professional counselor profession license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed and/or if disciplinary proceedings are currently pending against that license or registration. (Attach additional sheets if necessary).

If you indicate there have been sanctions imposed and/or pending disciplinary proceedings against a license or registration, you must submit documentation that the sanctions are not in force or there are not pending disciplinary proceedings at the time of this application.

State/Country	Permanent License/Registration Number	Date of Issuance	How Obtained (Examination, Endorsement)	Have You Ever Had Sanctions Imposed Against this License/Registration OR are there Pending Disciplinary Proceedings? (If Yes, be Specific)

Good Moral Character Questions

If you answer “yes” to either of the next two questions, you must submit a written explanation as to what took place including date(s) of occurrence(s), court documents, documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license.

Answering “yes” to the following question may not automatically prevent you from obtaining a license. In evaluating your good moral character, the department will consider whether the substance of your former offense is reasonably related to the profession to which you are seeking a license. Also, please know that you may request a preliminary determination from the Department concerning whether any court judgments against you would likely result in a denial of a license for failing to meet the good moral character requirement. More information about requesting a preliminary determination can be found at www.michigan.gov/healthlicense.

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance? Yes No

Required Additional Documents:

All Applicants

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check (***except those applicants seeking relicensure, if the license expired within the last three years***).

Counselor License by Endorsement

Applicants for licensure by endorsement who have been licensed in another state or territory of the United States and have practiced counseling for a minimum of 5 years at the time of application must submit the following:

- A Professional Disclosure Statement (*See specifications on Page 5*).
- Verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a professional counselor. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Applicants for licensure by endorsement who have been licensed in another state or territory of the United States and have practiced counseling for less than 5 years at the time of application must submit the following:

- Same requirements as Counselor License by Exam (see below)

Counselor License by Exam

Applicants must submit the following:

- Official transcripts submitted directly to this office from an accredited college or university confirming receipt of a master's or doctoral degree in counseling from a qualified program, or a degree determined by the department in consultation with the board to be substantially equivalent to a counseling degree from a qualified program. A program that is not accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), must include coursework and training in the diagnosis and treatment of mental and emotional disorders and all other coursework requirements of CACREP, including practicum and internship requirements. The program must not be less than 48 semester hours or 72 quarter hours in counseling topics.
- Certification of Counseling Education form submitted to this office directly from your educational institution.
- A Professional Disclosure Statement (*See specifications on Page 5*).
- Verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a professional counselor. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
- Certification of your examination scores must be submitted directly to this office from the examination agency. You may request score reports for the National Counselor Examination (NCE) from the National Board for Certified Counselors at <http://www.nbcc.org/Exams/>. You may request score reports for the Commission on Rehabilitation Counselor Certification (CRCC) Examination from the CRCC at <https://www.crccertification.com/>. Scores from only one testing organization is required. You may register for the National Counselor Examination (NCE) at <http://www.cce-global.org> or email a request for a paper registration to paperreg@cce-global.org. You may register for the Commission on Rehabilitation Counselor Certification (CRCC) Examination at <http://crccertification.com/crc-certification>.
- Completed Counseling Work Experience form submitted directly to this office from your supervisor. An applicant must have completed counseling experience under the supervision of a licensed professional counselor. 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 a doctoral degree in counseling 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.

Limited License

Applicants must submit the following:

- Official transcripts submitted directly to this office from an accredited college or university confirming receipt of a master's or doctoral degree in counseling from a qualified program, or a degree determined by the department in consultation with the board to be substantially equivalent to a counseling degree from a qualified program. A program that is not accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), must include coursework and training in the diagnosis and treatment of mental and emotional disorders and all other coursework requirements of CACREP, including practicum and internship requirements. The program must not be less than 48 semester hours or 72 quarter hours in counseling topics.
- Certification of Counseling Education form submitted to this office directly from your educational institution.
- A Professional Disclosure Statement (*See specifications on Page 5*).
- Verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a professional counselor. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Relicensure - Limited License or Full License

Applicants for relicensure whose license has lapsed for less than 3 years at the time of application must submit the following:

- A Professional Disclosure Statement (*See specifications on Page 5*).
- Verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a professional counselor. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Applicants for relicensure whose license was lapsed for more than 3 years at the time of application must submit:

- A Professional Disclosure Statement (*See specifications on Page 5*).
- **AND** one of the following:
 - Takes or retakes and passes 1 of the following:
 - The National Counselor Examination (NCE) developed by the National Board for Certified Counselors. You may request score reports for the NCE from the National Board for Certified Counselors at www.nbcc.org/Exams/ScoreReport.
 - The certification examination given by the Commission on Rehabilitation Counselor Certification (CRCC). Certification of your examination scores must be submitted directly to this office from the examination agency. You may request score reports for the CRCC Examination from the CRCC at www.crccertification.com/.
 - Submit evidence of current certification issued by the National Board for Certified Counselors, the Commission on Rehabilitation Counselor Certification, or an equivalent program submitted directly to this office from the agency. You may request certification from the National Board for Certified Counselors at www.nbcc.org/Certification or from the CRCC at www.crccertification.com/.

Applicants for relicensure whose license was issued based on grandfathering must submit :

- A Professional Disclosure Statement (*See specifications on Page 5*).
- Verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a professional counselor. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

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:

- 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.)
- A description of your practice.
- A description of your education and experience.
- The fee you charge your clients or a statement if you do not charge a fee
- 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
 Bureau of Professional Licensing
 Investigations & Inspections Division
 P.O. Box 30670
 Lansing, MI 48909
 (517) 241-0205

If you are applying for the limited counselor license, you must include the name and license number of the licensed professional counselor who will be supervising your 3000 hours of post-degree experience.

CERTIFICATION AND SIGNATURE

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 Federal Bureau of Investigation, Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

Signature

Date