



Bureau of Professional Licensing
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CERTIFICATION OF COUNSELING EDUCATION

Authority: 1978 PA 368

This form must be submitted directly to this office by your educational institution. If this form is submitted by the applicant, it will not be accepted.

APPLICANT MUST COMPLETE PAGE 1 OF FORM

Applicant's Name (First, Middle, Last)		Date of Birth
Address		
City	State	Zip Code
Telephone Number	Email Address	
Name of Educational Institution		
Address of Educational Institution		
City	State	Zip Code
Date of Admission	Date Degree Granted	
Level of Degree Granted	Discipline/Program Title	

EDUCATIONAL PROGRAM REPRESENTATIVE MUST COMPLETE REMAINDER OF FORM

SECTION 1

PROGRAM REPRESENTATIVE CERTIFICATION	
I certify that _____ (Name of Applicant)	attended _____ (Name of Educational Institution)
from _____ (Month/Day/Year)	to _____ (Month/Day/Year) and was granted a _____ (Level)
degree in _____. (Discipline/Program Title)	
I also certify that the length of this program contained at least 48 semester hours or 72 quarter hours. I further certify that this program is accredited by:	
<div style="display: flex; justify-content: space-around; align-items: flex-start;"> CACREP CORE REGIONALLY ACCREDITED BY: _____ </div>	

SECTION 2 MUST BE COMPLETED ONLY FOR EDUCATIONAL PROGRAMS THAT ARE NOT CACREP OR CORE ACCREDITED.

Administrative Rule 338.1753 requires the educational program to include graduate course work in all of the content areas listed below. Please identify which content areas were completed in the educational program and provide the corresponding course number AND course name for each in the space provided.

Yes	No	Consulting: Studies that provide an understanding of the process of psychoeducational consultation with emphasis on theories and strategies that are used to provide services to individuals, groups, and organizations. Course Name: _____ Course #: _____
Yes	No	Counseling Techniques: The application of counseling and psychotherapy skills and theories in the counseling process in order to do all of the following: (1) Establish and maintain the counseling relationship. (2) Diagnose and identify the problem. (3) Formulate a preventive, treatment, or rehabilitative plan. (4) Facilitate appropriate interventions. Course Name: _____ Course #: _____
Yes	No	Counseling Philosophy: Studies that incorporate a belief system that a person can change or develop a more fully functioning self through the application of various counseling approaches regardless of the extent of the problem. Course Name: _____ Course #: _____
Yes	No	Group Techniques: The application of basic counseling and psychotherapy skills and theories in the group counseling process that are based on an understanding of group development and dynamics, theories of group counseling and psychotherapy, and group leadership styles. Course Name: _____ Course #: _____
Yes	No	Research Methodology: Studies that provide an understanding of all of the following: (1) Types of research and their application to the practice of counseling. (2) Basic statistics. (3) Research design, proposal development, implementation, and report writing. Course Name: _____ Course #: _____

LARA/BPL-COUNSELEDUC (10/18)

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.

Yes	No	<p>Testing Procedures: Studies that provide an understanding of all of the following: (1) Group and individual psychometric theories and approaches to appraisal and diagnosis. (2) Selecting, administering, scoring, and interpreting instruments and procedures that are designed to assess all of the following with respect to an individual: a) aptitudes, b) interests, c) attitudes, d) abilities, e) achievements, and f) personal characteristics. (3) Factors that influence appraisals. (4) Use of appraisal and diagnostic results in helping processes.</p> <p>Course Name: _____ Course #: _____</p>
Yes	No	<p>Professional Ethics: Studies that prepare students to understand and apply the legal requirements and ethical codes related to the practice of counseling.</p> <p>Course Name: _____ Course #: _____</p>
Yes	No	<p>Counseling Theories: The study of the theoretical foundations of counseling and psychotherapy, including, but not limited to, major affective, behavioral, and cognitive theories of human development and personality development and change and multicultural and diversity issues in counseling.</p> <p>Course Name: _____ Course #: _____</p>
Yes	No	<p>Career Development: Studies that provide an understanding of all of the following: (1) Career development theories. (2) Occupational and educational information sources and systems. (3) Career counseling. (4) Lifestyle and career decision making. (5) Career development program planning, implementation, and evaluation.</p> <p>Course Name: _____ Course #: _____</p>
Yes	No	<p>Multicultural Counseling: The study of the effects of diversity on the counseling process.</p> <p>Course Name: _____ Course #: _____</p>
Yes	No	<p>Internship: A supervised curricular field experience that provides student opportunities to perform all the activities that a licensed professional counselor would be expected to perform (minimum 600 hours of supervised clinical experience in counseling).</p> <p>Course Name: _____ Course #: _____</p>
Yes	No	<p>Practicum: A supervised curricular experience that provides for the development of individual and group counseling and psychotherapy skills by giving students opportunities to perform, on a limited basis, some of the activities that a licensed professional counselor would be expected to perform.</p> <p>Course Name: _____ Course #: _____</p>

SECTION 3

The courses taken and degree earned by _____ meets the requirements of the

 (Name of Applicant)
 Michigan Public Health Code and R 338.1753.

 Signature of Program Representative

 Date

 Print or type name of Program Representative

 Contact telephone number

 Print or Type Name of Director or Superintendent

(Seal) If academic institution has no seal, please indicate.