



APPLICATION INSTRUCTIONS FOR TEMPORARY LICENSURE AS A RESIDENT IN COUNSELING

IMPORTANT NOTICE:

Upon completion of the ONLINE **Temporary License as a Resident in Counseling**, please upload any documentation you are required to provide by using the new **documents** upload feature in the online application portal. Documents you wish to upload must be uploaded prior to submitting your online application fee.

Prior to **mailing** the enclosed forms and required supporting documentation to the Board for consideration, we recommend that you review the [Licensure Process Handbook](#), and the [Regulations Governing the Practice of Professional Counseling](#). All fees submitted to the Board are **non-refundable**.

A complete application packet provides the best opportunity to avoid delays in the application review process. You should make every effort to upload the documentation during the online application process. It is preferred that supporting documents be provided to the Board in **pdf file format**. Your application packet is **NOT** considered complete until all applicable supporting documentation has been received by the Virginia Board of Counseling.

CHECK MARK	CHECKLIST OF REQUIRED DOCUMENTATION	SUBMISSION METHODS TO THE BOARD
	1. OFFICIAL SCHOOL TRANSCRIPT	
<input type="checkbox"/>	An <u>official</u> transcript (paper or electronic) showing proof of a completed a graduate degree from a program that prepares individuals to practice counseling. For faster processing, it is encouraged that transcripts be electronically sent directly to the Board at coun@dhp.virginia.gov via a secured electronic transcript service used by the school (for example: eScript or parchment). If your school is unable to send your transcript electronically, the official transcript can be mailed to the Board. Photocopied transcripts will not be accepted. All official transcripts must include a conferred date.	E-MAIL or MAIL (Preferably via E-mail & must come <u>directly</u> from the school/issuing institution)
	2. VERIFICATION OF REQUIRED COURSEWORK AND INTERNSHIP	
<input type="checkbox"/>	To be completed by your graduate program and sent to the Board within your application packet.	ONLINE
	3. SUPERVISORY CONTRACT	
<input type="checkbox"/>	Signed contract that outlines the expectations and responsibilities of the supervisor and resident in accordance with the regulations of the Board is required. (Supervisory contract example can be found on the Board's website)	ONLINE
	4. NPDB SELF-QUERY	
<input type="checkbox"/>	A current report from the U.S. Department of Health and Human Services National Practitioners Data Bank (NPDB) must be included. A self-query request can be obtained at https://www.npdb.hrsa.gov . Copies of the completed self-report result can be considered.	ONLINE
	5. SUPERVISOR MUST BE A LPC OR LMFT WITH EVIDENCE OF SUPERVISION TRAINING	
<input type="checkbox"/>	If your supervisor is not listed on the Supervisor Registry , you must submit evidence that your supervisor received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-20-106.	ONLINE

	6. DEGREE INFORMATION (if applicable)	
<input type="checkbox"/>	<p>If your degree is not CACREP accredited, or your degree is not specifically in the practice of counseling please provide the below information for review:</p> <ul style="list-style-type: none"> • Evidence (letter or printed information from website) that degree program had the express intent to prepare counselors. • Evidence that degree program had an identifiable counselor training faculty (licensed LPC faculty) with an identifiable body of students. • Degree program had clear authority and primary responsibility for the core and specialty areas. 	ONLINE
	7. LICENSE VERIFICATION	
<input type="checkbox"/>	<p>If you have ever held a health or mental health license or certification, whether current or expired, please send the Out of State Licensure Verification Form to the issuing jurisdiction (s). This verification form should be completed by the issuing jurisdiction (s) and emailed directly back to the Virginia Board. (<i>Some jurisdictions charge a fee for this service. Check with that jurisdiction before sending the form.</i>)</p> <p style="text-align: center;">-or-</p> <p>You can provide an online verification from the licensing jurisdiction’s website if the website is considered “primary source verified”. The online verification must provide all of the following information; the licensee name, license number, license type, issue and expiration date, and whether disciplinary action has ever occurred.</p>	ONLINE or EMAIL
	8. PROOF OF NAME CHANGE (if applicable)	
<input type="checkbox"/>	<p>Documentation must be provided to show each name change(s) if your name has ever been legally changed from the time you attended school or were licensed, certified, or registered in other jurisdictions or other than what is listed on your application. Acceptable forms of documentation include a copy of a marriage license, court order or divorce decree.</p>	ONLINE
	9. CRIMINAL CONVICTIONS, PAST ACTIONS or POSSIBLE IMPAIRMENTS (if applicable)	
<input type="checkbox"/>	<p>If you answer “YES” to any of these questions on your application, please include a detailed explanation and supporting documentation. <i>Please refer to Guidance Document 115-2, available on the Board’s website, for a list of required documentation that will be needed regarding criminal convictions, past actions, or possible impairments.</i></p>	ONLINE

GENERAL INFORMATION

- In order to be considered for residency, all education requirements outlined in Regulations 18VAC115-20-49 and 18VAC115-20-51 must be met. Once approved you will be required to renew the Resident in Counseling License each year and complete the continuing education requirements.
- Applications are processed in the order received. Please allow adequate processing time for applications. Applications that are complete, fully documented and meet the minimum requirements for the [Regulations Governing the Practice of Professional Counseling](#) will be reviewed within **30 days** of receipt of a **complete** application packet.
- Periodically log into the DHP license application portal at: <https://www.license.dhp.virginia.gov/apply/Login.aspx> to monitor progress of your application and remember “unchecked” items may have been received but are pending review.
- Check your license status by going to: [License Lookup](#) (*license information is posted in real time).
- Please notify the Board in writing within 30 days of a name change or address change by completing the **Name/Address Change Form** available on the Board’s website at www.dhp.virginia.gov/counseling/.
- An incomplete application for licensure will be retained on file for one (1) year. After one year, all incomplete application files will be destroyed as outlined in the Library of Virginia records retention and disposition schedules.
- Licensed Resident in Counseling must have a signed and executed supervisory contract for supervision before providing clinical counseling services and before counting hours toward LPC licensure.
- The Board will conduct random audits to ensure Residents are practicing in accordance with the regulations.

- Licensed Resident in Counseling must renew their license each year and complete three hours of continuing education hours that emphasize ethics, standards of practice, or laws governing behavioral science professions in Virginia.
- Residents in Counseling must pass the NCMHCE examination, administered by NBCC/CCE, within six years of the date of issuance of their Resident in Counseling License.
- Once a Resident in Counseling has completed the residency requirements and passed the NCMHCE examination, they must submit the LPC by Examination application to be considered for LPC licensure.
- Providing false or misleading information as well as omitting information in response to information requested in the application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing registration, certification or license.
- Pursuant to [Virginia Code § 54.1-2400.02](#) addresses of /supervisees are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second, publicly disclosable address (e.g. work or practice address). If you would like your Address of Record to be publicly available, please complete both sections with same address on the application.
- Pursuant to [Virginia Code § 54.1-116 \(A\)](#), you are required to submit your social security number or your control number issued by the *Virginia* Department of Motor Vehicles*. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.

YOU SHOULD NOT BEGIN COUNTING HOURS TOWARDS LPC LICENSURE UNTIL YOU HAVE BEEN APPROVED AS A RESIDENT IN COUNSELING

End of instructions



**VERIFICATION OF REQUIRED COURSEWORK AND INTERNSHIP FOR
LPC LICENSURE**

TO BE COMPLETED BY THE APPLICANT

APPLICANT'S NAME (LAST, FIRST, MIDDLE)

APPLICANT'S STUDENT ID NUMBER

APPLICANT'S SOCIAL SECURITY NUMBER OR VA DMV NUMBER

TO BE COMPLETED BY GRADUATE SCHOOL PROGRAM OFFICIAL OR ADMINISTRATION OFFICE

Please verify in the table below that the required coursework was successfully completed by the applicant by listing the relevant required core courses taken. All courses are required and must be graduate level from a college or university approved by a regional accrediting agency or CACREP. Do not list courses that are not directly related to counseling. If a course title is not clearly indicative on the transcript, please attach college catalog description(s) or course syllabi. **A graduate course cannot be counted for more than one core area.** All information provided is subject to Board review and approval. (See attached documents will not be considered)

1. **Professional counselor identity, functions and ethics.** This course provides a foundation in professional counselor identity and ethical practice, including the study of the history and philosophy of the counseling profession, professional counselor function and credentialing and ethical standards for practice in the counseling profession.

Course Code	Course Title	Semester or Quarter Hours	College/University

2. **Theories of Counseling and Psychotherapy.** This course provides an overview of the basic tenets and applications of currently preferred theories of counseling and psychotherapy including the study of humanistic, cognitive-behavioral, psychodynamic and post-modern theoretical orientations.

Course Code	Course Title	Semester or Quarter Hours	College/University

3. **Counseling and Psychotherapy Techniques.** This course provides a didactic and experiential overview of basic techniques used in the counseling process including establishing the counseling relationship, setting treatment goals, applying listening and interviewing skills, initiating termination and referral, and recognizing parameters and limitations of the treatment process.

Course Code	Course Title	Semester or Quarter Hours	College/University

4. **Human Growth and Development.** This course provides an overview of contemporary theoretical perspectives regarding the nature of developmental needs and tasks from infancy through late adulthood, the influences of development on mental health and dysfunction and the promotion of healthy development across human life span.

Course Code	Course Title	Semester or Quarter Hours	College/University



5. **Group Counseling and Psychotherapy, Theories and Techniques.** This course provides a didactic and experiential overview of group counseling process and dynamics, contemporary group counseling theories, and group counseling leadership skills including group selection, group formation, group interventions and group evaluation.

Course Code	Course Title	Semester or Quarter Hours	College/University

6. **Career Counseling and Development Theories and Techniques.** This course provides an overview of career development and counseling including study of factors influencing career development, contemporary theories of career decision-making, career assessment and group and individual career counseling techniques.

Course Code	Course Title	Semester or Quarter Hours	College/University

7. **Appraisal, Evaluation and Diagnostic Procedures.** This course introduces students to the selection, administration; scoring and interpretation of contemporary psychological assessments used by professional counselors and includes the study of formal and information assessment procedures, basic test statistics, test validity and reliability, and the use of test findings in the counseling process.

Course Code	Course Title	Semester or Quarter Hours	College/University

8. **Abnormal Behavior and Psychopathology.** This course provides students with an overview of the major categories of mental disorders including study of their etiology and progression, their prevalence and impact on individuals and society, their diagnosis according the DSM-V and the use of diagnosis in treatment planning and counseling intervention.

Course Code	Course Title	Semester or Quarter Hours	College/University

9. **Multicultural Counseling.** This course provides students with an overview of the diverse social and cultural contexts that influence counseling relationships (e.g., culture, race, ethnicity, age, gender, SES, sexual orientation) including the study of current issues and trends in a multicultural society, contemporary theories of multicultural counseling, the impact of oppression and privilege on individuals and groups and personal awareness of cultural assumptions and biases.

Course Code	Course Title	Semester or Quarter Hours	College/University

10. **Research.** This course provides students with an overview of the principles and processes of performing counseling research including the study of quantitative and qualitative research designs and methods, methods of statistical analysis used in research, and reading and interpreting research results.

Course Code	Course Title	Semester or Quarter Hours	College/University



11. **Diagnosis and Treatment of Addictive Disorders.** This course provides students with an overview of addictive disorders including the study of contemporary theories of addictive behavior, pharmacological classification of addictive substances, assessment of addictive disorders and currently preferred models of addictions treatment.

Course Code	Course Title	Semester or Quarter Hours	College/University

12. **Marriage and Family Systems Theory.** This course provides students with an overview of counseling with couples and families include the study of the rationale for family therapy intervention, the dynamics of general systems theory, the states of family life-cycle development, and contemporary theories of family therapy intervention.

Course Code	Course Title	Semester or Quarter Hours	College/University

13. **Supervised Internship.** This course provides students with a minimum of 600 hours of experience in a clinical field placement including (but not limited to) 240 hours of face-to-face client contact.

Course Code	Course Title	Semester or Quarter Hours	College/University



VERIFICATION OF DEGREE AND INTERNSHIP FOR LPC LICENSURE

TO BE COMPLETED BY STUDENT	
APPLICANT'S NAME (LAST, FIRST, MIDDLE)	
APPLICANT'S STUDENT ID NUMBER	APPLICANT'S SOCIAL SECURITY NUMBER OR VA DMV NUMBER
TO BE COMPLETED BY GRADUATE PROGRAM	
1. Is the college or university approved by a regional accrediting agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did the graduate degree program prepare individuals to practice counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Was the applicant's graduate degree program CACREP or CORE accredited at the time of the applicant's graduation? (If yes, skip to question #7)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did the graduate degree program have a sequence of academic study with the expressed intent to prepare individuals to practice counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did the degree program have identifiable counselor training faculty and an identifiable body of students who completed a counseling academic study?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did the academic unit have clear authority and primary responsibility for the core and specialty areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Did internship begin after completion of 30 graduate semester hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Total number of supervised internship hours:	
9. Total face-to-face client contact internship hours:	
10. What type of licensure did the internship supervisor hold?	
11. Number of individual supervision hours during internship?	
12. Number of group supervision hours during internship?	
13. If applicable, total direct client contact hours with couples and/or families : (For LMFT licensure)	
14. If applicable, total direct client contact hours treating substance abuse-specific treatment problems: (For LSATP licensure)	
NAME OF SCHOOL	
NAME OF PROGRAM OFFICIAL	TITLE
EMAIL ADDRESS OF SCHOOL OFFICIAL	PHONE NUMBER OF SCHOOL OFFICIAL
SIGNATURE OF SCHOOL OFFICIAL	DATE



LICENSURE VERIFICATION OF OUT-OF-STATE SUPERVISOR

PART I. TO BE COMPLETED BY THE APPLICANT:

INSTRUCTIONS		PLEASE TYPE OR PRINT CLEARLY	
NAME OF APPLICANT (LAST, FIRST, MIDDLE)			
MAILING ADDRESS (STREET AND/OR BOX NUMBER, CITY, STATE, ZIP)			
APPLICANT'S EMAIL ADDRESS		HOME AND/OR CELL TELEPHONE NUMBER	

PART II. SUPERVISOR'S INFORMATION TO BE VERIFIED:

LAST NAME _____	FIRST NAME _____	M.I. _____
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PART III. TO BE COMPLETED BY STATE LICENSING AUTHORITY:

INSTRUCTIONS		PLEASE TYPE OR PRINT CLEARLY	
TITLE OF LICENSE	LICENSE NUMBER		
ISSUE DATE	EXPIRATION DATE		
IS THERE ANY PUBLIC INFORMATION RELATING TO THIS LICENSE?			
<input type="checkbox"/> YES (SPECIFY DETAILS ON A SEPARATE SHEET) <input type="checkbox"/> NO			
CERTIFICATION BY THE AUTHORIZED LICENSURE OFFICIAL OF THE STATE OF _____			
<input type="checkbox"/> I CERTIFY THAT THE INFORMATION IS CORRECT.			
AUTHORIZED LICENSURE OFFICIAL NAME AND TITLE _____			
STATE SEAL	TITLE OF BOARD _____		
	TELEPHONE NUMBER _____		
	EMAIL ADDRESS _____		
	DATE _____		



QUARTERLY EVALUATION FOR LPC LICENSURE

Section 115-20-52-D-3 of the Virginia LPC regulations requires that the applicant's supervisor provide quarterly evaluations to the resident. **This form is to be completed and signed by the supervisor each quarter and provided to the resident to be held in their possession until they are ready to submit their licensure application.**

NAME OF APPLICANT (LAST, FIRST, MIDDLE)		APPLICANT'S EMAIL ADDRESS	
SUPERVISOR'S EVALUATION:			
SUPERVISOR'S NAME (LAST, FIRST)		LICENSE NUMBER:	LICENSE TYPE:
BUSINESS NAME OF RESIDENCY WORK SITE WHERE CLINICAL HOURS WERE OBTAINED (ONE LOCATION ONLY)		ADDRESS OF RESIDENCY WORK SITE WHERE CLINICAL HOURS WERE OBTAINED (ONE LOCATION ONLY)	
DATES OF SUPERVISION: FROM (MM/DD/YY): _____ TO (MM/DD/YY): _____			
ALL COLUMNS MUST BE COMPLETED	AVG HOURS PER WEEK	TOTAL HOURS (For this quarter only)	ARE HOURS DUPLICATED ON ANOTHER FORM
Total hours of supervised residency (Face-to-face client contact hour + ancillary hours)			<input type="checkbox"/> Yes <input type="checkbox"/> No
How many <u>face-to-face client contact</u> hours did the resident provide?			<input type="checkbox"/> Yes <input type="checkbox"/> No
How many <u>individual supervision</u> hours did the resident receive?			MUST HAVE A MIN. OF 1 AND MAX. OF 4 HOURS PER 40 HOURS OF EXPERIENCE.
How many <u>group supervision</u> hours did the resident receive?			
If applicable, total number of face-to-face client contact with couples and families or both.			<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, total number of face-to-face client contact hours clinical substance abuse treatment services.			<input type="checkbox"/> Yes <input type="checkbox"/> No
ACCORDING TO 18 VAC 115-20-52 OF THE LPC REGULATIONS, THE RESIDENT MUST HAVE SUPERVISED RESIDENCY IN THE ROLE OF A PROFESSIONAL COUNSELOR WORKING WITH VARIOUS POPULATIONS, CLINICAL PROBLEMS, AND THEORETICAL APPROACHES IN THE BELOW AREAS.			
Did the applicant provide assessment and diagnosis using psychotherapy techniques while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant provide appraisal, evaluation and diagnostic procedures while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant provide treatment planning and implementation while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant provide case management and recordkeeping while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies in professional counselor identity and functions while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies in professional ethics and standards of practice while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns about the competency of the resident? If yes, explain on separate page.			<input type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS:			
Resident's Signature:		Date:	
Supervisor's Signature:		Date:	