Kentucky Board of Licensed Professional Counselors

Public Protection Cabinet – Department of Professional Licensing
P.O. Box 1360, Frankfort, Kentucky 40602
500 Mero Street Frankfort, Kentucky 40601 (Overnight Delivery Only)
Phone: (502) 782.8803 | Fax: (502) 564.4818 | LPC.ky.gov | lpc@ky.gov

APPLICATION FOR LICENSED PROFESSIONAL CLINICAL COUNSELOR

INSTRUCTIONS

1. A payment to the Kentucky State Treasurer for the application fee of $150.
2. The applicant shall apply for a criminal background investigation by means of a fingerprint check performed within the last ninety (90) days by the Department of Kentucky State Police (KSP) and the Federal Bureau of Investigation (FBI) for direct submission by the KSP and FBI to the Board.
3. If applying for licensure by endorsement, an official sealed transcript reflecting graduate coursework earned to fulfill the requirements of Section 3 of the Application.
4. Please Type or Print All Information.

Status. Please check one:

☐ I am currently an LPCA in Kentucky.

☐ I am independently licensed in another state (for at least 5 years) and applying for endorsement licensure per KRS 335.527.

☐ I am currently licensed in a state that has a reciprocal licensure agreement with Kentucky and am applying for reciprocity licensure.

☐ I have completed the licensing requirements per KRS 335.525(1).

SECTION 1: APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Previous Names Used: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ SSN Last 4: _____

D.O.B.: _____ Phone: _____ Email: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

NPI No., if available: _____

Present Employer's Phone: _____ Present Employer's Email:_____

GENERAL QUESTIONS

1. Are you credentialed as a professional counselor in another state or jurisdiction? ☐ YES ☐ NO

   If yes, list the state(s): _____
   If yes, submit licensure verification from each state in which you hold or have held a license.

2. Do you or have you ever held any other license, certificate, or registration from a state board in Kentucky or any other state? ☐ YES ☐ NO
   If yes, list the license(s) and state(s) and attach a letter of good standing from each state: _____

   _____

3. Have you held a certification/license/registration in Kentucky or any other state that has ever been suspended or revoked? ☐ YES ☐ NO
   If yes, give details and attach supporting documentation: _____

   _____

4. Have you committed fraud or misrepresentation applying for a license in KY or another state? ☐ YES ☐ NO

   If yes, give details and attach supporting documentation: _____

   _____

5. Have you been convicted of a felony or misdemeanor (other than minor traffic violations) in any state? ☐ YES ☐ NO

   You should check "Yes" if it will appear on a state or federal criminal background check. If yes, give details and attach supporting documentation: _____

   _____

6. Are you a member of the military or a military spouse? ☐ YES ☐ NO

   If yes, please attach proof of the following: (1) proof of issuance of a valid license, permit, certificate or other document issued by another state that is active or has been expired for < 2 years and that it is in good standing or was upon the date of expiration; DD-214 form or other proof of active or prior military service with an honorable discharge, discharge under honorable conditions, or a general discharge under honorable conditions; proof of marriage to an active duty member of the Armed Forces of the U.S., if applicable; and proof that the military spouse is assigned to a duty station in this state and that the applicant is also assigned to a duty station in this state pursuant to the spouse's active duty military orders.

7. Are you a Respondent in a case with an active order of protection pursuant to KRS Chapter 403 or Chapter 456 following notice and an opportunity to be heard? ☐ YES ☐ NO
   If yes,, give details and attach supporting documentation: _____

   _____

8. Have you been declared incompetent by a court of competent jurisdiction? ☐ YES ☐ NO
   If yes, give details and attach supporting documentation

9. Have you engaged in fraud, dishonesty, or corruption on a certification of examination in this state or another state? ☐ YES ☐ NO
   If yes, give details and attach supporting documentation: _____

   _____

10. Do you have a substantiated charge of child abuse and neglect pursuant to KRS Chapter 620 or adult abuse, neglect, or exploitation pursuant to KRS Chapter 209? ☐ YES ☐ NO
If yes, give details and attach supporting documentation: _____

_____

11. Are you under an adjudication or other diversion agreement which suspends or defers sentencing for a crime? ☐ YES ☐ NO
If yes, give details and attach supporting documentation: _____

_____

SECTION 2: EXPERIENCE (Attach additional sheets if necessary)

Begin with your most recent counseling position and list, fully and accurately, the details of each job you have held relating to the professional experience you wish to document. You must have completed a minimum of 4,000 hours of experience in the practice of counseling, which must have been obtained since obtaining the master's degree and must be under approved supervision and shall include, but not be limited to, a minimum of 1,600 hours of direct counseling with individuals, couples, families, or groups and a minimum of 100 hours of individual, face-to-face clinical supervision with an approved supervisor. The total hour of professional experience includes all hours, both direct and indirect.

Dates of Employment: _____ Company Name:_____

Job Title: _____ Name of Clinical Supervisor: _____

Total Hours of Professional Experience: _____ Total Hours of Direct Counseling: _____

Total Hours of Individual, Face-to-Face Counseling: _____

Describe Your Duties: _____

_____

Dates of Employment: _____ Company Name: _____

Job Title: _____ Name of Clinical Supervisor: _____

Total Hours of Professional Experience: _____ Total Hours of Direct Counseling: _____

Total Hours of Individual, Face-to-Face Counseling: _____

Describe Your Duties: _____

_____

Dates of Employment: _____ Company Name:_____

Job Title: _____ Name of Clinical Supervisor: _____

Total Hours of Professional Experience: _____ Total Hours of Direct Counseling: _____

Total Hours of Individual, Face-to-Face Counseling: _____

Describe Your Duties: _____

_____

SECTION 3: VERIFICATION OF SUPERVISED PROFESSIONAL COUNSELING EXPERIENCE

(Each Clinical Supervisor must complete a separate Section 3 Verification)

Suoervisee Information:

Name of LPCA Supervisee:_____ LPCA's License Number:_____

Date Supervision Began:_____ Date Supervision Ended:_____

Date Board Approved Supervision Training Completed:_____

Copy of Board Approved Supervision Training Attached

Supervisor Information:

Last Name:_____ First Name:_____ Middle Initial:_____

LPCC-S License No.:_____ Mailing Address:_____

City:_____ State _____ Zip Code: _____ Phone:_____

Email: _____

Graduate Degree(s) Held - Check all that apply:

	Major Emphasis:	Institution:	Year Awarded:
Master's Degree	_____	_____	_____
Specialist Degrees	_____	_____	_____
Doctorate	_____	_____	_____

How many hours of professional counseling (direct and indirect) experience has the applicant named above completed while under your supervision? (This is total working time and includes all professional activities.) _____

How many hours of direct counseling experience with individuals, groups, families, etc. has the applicant named above completed while under your supervision? _____

How many hours of individual, face-to-face, weekly clinical supervision has the applicant named above completed while under your general supervision? _____

Do you know of any reason why this person should not be issued a certificate as a professional counselor?

☐ Yes ☐ No If yes, please provide details: _____

_____

Please comment on applicant's therapeutic competence and ethical behavior:_____

_____

I, the clinical supervisor named in the above, do hereby certify under penalty of law that the information contained is true, correct, and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

NOTE: IF YOU ARE AN LPCA IN KENTUCKY WHO (1) MET THE INTERNSHIP/PRACTICUM REQUIREMENT AT LPCA LICENSURE, OR (2) ARE APPLYING BY ENDORSEMENT YOU DO NOT NEED TO COMPLETE SECTION 4.

SECTION 4: CERTIFICATION/VERIFICATION OF CLINICAL INTERNSHIP/PRACTICUM

Instructions: Compete one form for each semester of internship/practicum.

Full Name of Student/Candidate: _____

School: _____ Department _____

Degree Program: _____

CACREP: ☐ YES ☐ NO If YES, check the program type below:

☐ Clinical Mental Health Counseling ☐ School Counseling ☐ Marriage & Family Counseling

Supervisor: _____ Supervisor Licensing Credential: _____

License # _____ Year of Internship: _____ Semester: _____ Quarter: _____

Agency(s) Internship Completed

Name of On-site Clinical Supervisor: _____

Degree & Discipline of Onsite Clinical Supervisor: _____

Onsite Clinical Supervisor's Licensing Credential: _____License Number:_____

Briefly describe the nature of practice/experience including populations worked with: _____

_____

Direct Experience Hours: _____ Indirect Experience Hours: _____

Individual Supervision Hours: _____ Group Supervision Hours: _____ Total Hours: _____

University/College Supervision Hours

Individual Supervision Hours: _____ Group Supervision Hours: _____ Total Hours: _____

Supervisor/Instructor Signature: _____ Date: _____

VERIFICATION

I, the applicant named above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected, or my certification revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

Signature (Required): _____ Date: _____

Printed Name: _____

NOTE: IF YOU ARE AN LPCA IN KENTUCKY YOU DO NOT NEED TO COMPLETE SECTION 5.

SECTION 5: EDUCATION – Please request an official transcript be mailed to the Board office.

School Name: _____ Degree: _____

Graduation Month/Year: _____ Major/Concentration: _____

Number of Hours: _____ ☐ CACREP Accredited ☐ Regionally Accredited

School Name: _____ Degree: _____

Number of Hours: _____ ☐ CACREP Accredited ☐ Regionally Accredited

School Name: _____ Degree: _____

Graduation Month/Year: _____ Major/Concentration: _____

Number of Hours: _____ ☐ CACREP Accredited ☐ Regionally Accredited

School Name: _____ Degree: _____

Graduation Month/Year: _____ Major/Concentration: _____

Number of Hours: _____ ☐ CACREP Accredited ☐ Regionally Accredited

NOTE: IF YOU ARE AN LPCA IN KENTUCKY YOU DO NOT NEED TO COMPLETE SECTION 6.

SECTION 6: CURRICULUM STANDARD (201 KAR 36:070. Section 4)

Please Enter ONLY ONE (1) GRADUATE LEVEL COURSE for each area, except in 10. Practicum/Internship. .

Each graduate level course may only be listed in One Area.

1. The helping relationship, including counseling theory and practice.

Education Institution: _____ Prefix & Number: _____ Credit Hours: _____

Full Course Title: _____ Semester and Year: _____

2. Human growth & development.

Education Institution: _____ Prefix & Number: _____ Credit Hours: _____

Full Course Title: _____ Semester and Year: _____

3. Lifestyle & Career Development.

Education Institution: _____ Prefix & Number: _____ Credit Hours: _____

Full Course Title: _____ Semester and Year: _____

4. Group dynamics, process, counseling, and consulting.

Education Institution: _____ Prefix & Number: _____ Credit Hours: _____

Full Course Title: _____ Semester and Year: _____

5. Assessment, appraisal, and testing of individuals.

Education Institution: _____ Prefix & Number: _____ Credit Hours: _____

Full Course Title: _____ Semester and Year: _____

6. Social and cultural foundations, including multicultural issues.

Education Institution: ___________________________ Prefix & Number: ___________________ Credit Hours: _________

Full Course Title: ____ Semester and Year: ______________________

7. Principles of etiology, diagnosis, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior.

Education Institution: ___________________________ Prefix & Number: ___________________ Credit Hours: _________

Full Course Title: ____ Semester and Year: ______________________

8. Research and evaluation.

Education Institution: ___________________________ Prefix & Number: ___________________ Credit Hours: _________

Full Course Title: ____ Semester and Year: ______________________

9. Professional Orientation: Per 201 KAR 36:070 Section 1(2) requires a three (3) semester hour course, at the minimum, on Professional Orientation and Ethics that is concentrated on the American Counseling Association Code of Ethics. (Studies that provide an understanding of all aspects of professional counseling including counseling history, counseling roles, organizational structures, professional counseling ethics, professional counseling standards, and licensing and credentialing in professional counseling. Example Courses: Introduction to Counseling, Professional Orientation, Legal and Ethical Issues in Counseling.)

Education Institution: ___________________________ Prefix & Number: ___________________ Credit Hours: _________

Full Course Title: ____ Semester and Year: ______________________

NOTE: IF YOU ARE (1) AN LPCA IN KENTUCKY WHO MET THE INTERNSHIP/PRACTICUM REQUIREMENT AT LPCA LICENSURE, OR (2) ARE APPLYING BY ENDORSEMENT, YOU DO NOT NEED TO COMPLETE SECTION 7.

SECTION 7: CURRICULUM STANDARD. PRACTICUM/INTERNSHIP (201 KAR 36:070. Section 4(1)(a)4.j.). All applicants shall complete an organized practicum or internship in counseling consisting of at least 600 clock hours.

Education Institution: ___________________________ Prefix & Number: ___________________ Credit Hours: _________

Full Course Title: ____ Semester and Year: ______________________

Education Institution: ___________________________ Prefix & Number: ___________________ Credit Hours: _________

Full Course Title: ____ Semester and Year: ______________________

Education Institution: ___________________________ Prefix & Number: ___________________ Credit Hours: _________

Full Course Title: ____ Semester and Year: ______________________

Education Institution: ___________________________ Prefix & Number: ___________________ Credit Hours: _________

Full Course Title: ____ Semester and Year: ______________________

Education Institution: ___________________________ Prefix & Number: ___________________ Credit Hours: _________

Full Course Title: ____ Semester and Year: ______________________

Education Institution: ___________________________ Prefix & Number: ___________________ Credit Hours: _________

Full Course Title: ____ Semester and Year: ______________________

Attach additional sheets if needed.