



Counselor Gateway

[Back to License](#)

» LPC Associate »

Application Checklist

Application Viewer

? If any documents are required from you, you may upload them using the Upload button on the appropriate checklist item below.

NOTE: Uploading of documents will not complete any checklist item. Checklist items will be marked complete by Board staff after submitted documents are reviewed. Completed checklists do not guarantee licensure approval as licenses must be issued under the approval of the Board.

DISCLAIMER:

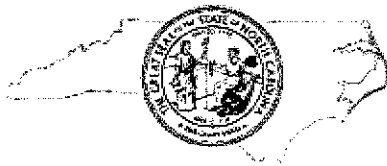
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Application Status: **Under Review**

Item	Status	Action
Application Received	✓ Complete	
Payment Received	✓ Complete	
Legal Documentation	✓ Complete	
Transcripts Receipt Submitted	✗ Incomplete	+ Upload
Transcripts Received	✗ Incomplete	+ Upload
Education Review	✗ Incomplete	
Graduate Experience Review	✗ Incomplete	+ Upload

Item	Status	Action
National Exam Receipt Submitted	✘ Incomplete	+ Upload
National Exam Scores Received	✘ Incomplete	+ Upload
LiveScan/Fingerprint Card	✔ Complete	
Professional Disclosure Statement	✘ Incomplete	+ Upload
Jurisprudence Exam Certificate	✘ Incomplete	+ Upload
Professional References Received	✘ Incomplete	+ Upload
Professional References Review	✘ Incomplete	
Criminal Background Check Results	✘ Incomplete	
Application Affidavit Notary	✘ Incomplete	+ Upload

Documents



NORTH CAROLINA BOARD
LICENSED PROFESSIONAL
COUNSELORS

(ProfileHome.aspx)

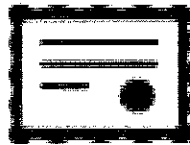
Counselor Gateway

 Incomplete online form requests found. **Please click here for more details.** (/invitations.aspx)

In Progress Applications ▼

There were no incomplete applications found under your profile.

Licenses & Certificates ▼



Criminal Background Check

License #:

Status: Pending

Expiration:

(DisplayLicense.aspx?ID=119580)

CLICK HERE to check the status of your Application



LPC Associate

License #:

Status: Pending

Expiration:


(DisplayLicense.aspx?ID=119579)







Online Forms

Your online forms are listed below. To email a form request, please fill in the Form Type and Email Address fields and click the **Send Request** button. To fill out a requested form, please click the applicable **Complete Now** link.

 indicates a form you requested.

 indicates a form you received.

Date	Purpose	To	Completed
4/16/2018 2:12:22 PM	 VGCE	Purgasonll@appstate.edu	Cancel (Invitations.aspx?CAN=1667b031-d5b5-4989-8275-1c8ed6a43775)
4/16/2018 2:12:22 PM	 REFERENCE	lynnw@thewillowsatreoak.com	04/16/2018 02:18:12 PM
4/16/2018 2:12:22 PM	 REFERENCE	rosencm@appstate.edu	Cancel (Invitations.aspx?CAN=22f983ca-85ce-44b8-8b19-c09c23ff6892)
4/16/2018 2:12:22 PM	 REFERENCE	asmabt@appstate.edu	Cancel (Invitations.aspx?CAN=b9d67838-dc4d-4e83-9d6b-059327c81c00)

Downloadable Forms

If you need to download a printable blank form, please use the **Download** links below. Note that the forms will open in a new browser/tab if possible.

Form	Links
Application Affidavit Notary	Download (../Documents/Instructions/Application_Affidavit.pdf)
Professional Reference	Download (http://ncblpc.org/Assets/Forms/Reference_Form.pdf)
Verification of Graduate Counseling Experience	Download (http://ncblpc.org/Assets/Forms/Verification_of_Graduate_Counseling_Experience_Form.pdf)

Form**Links**

Verification of Professional Counseling Experience Download
(http://ncblpc.org/Assets/Forms/Verification_of_Professional_Counseling_Experience.pdf)

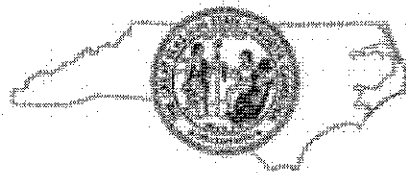
Verification of Supervised Practice Download
(http://ncblpc.org/Assets/Forms/Verification_of_Supervised_Professional_Practice.pdf)

Email Form Request

***Form Type**

***Email Address**

Send Request



NORTH CAROLINA BOARD
of LICENSED PROFESSIONAL
COUNSELORS

[Home](#)[Applications](#)[My Profile](#)[Forms](#)[Exams](#)[QSearch](#)[FAQ's](#)[CBC LiveScan](#)

Online Forms

Your online forms are listed below. To email a form request, please fill in the Form Type and Email Address fields and click the [Send Request](#) button. To fill out a requested form, please click the applicable [Complete Now](#) link.

Date

Purpose

To

Completed

Primary Address

Address 1:

Address 2:

City/State/Zip:

Boone, NC 28607

Business Information

Business Name:

N/A (Seeking Full Time Employment)

Work Fax:

Work Email Address:

Legal and Ethics

Have you ever been denied licensure in this state or any other state? If yes, please state which occupational board denied you licensure and in which state and provide the final written decision from the denying Board.

☐ Yes

☐ No

Have you ever had any disciplinary action taken against an occupational license or certificate to practice or are any such actions pending? If yes, explain in detail below.

☐ Yes

☐ No

Have you ever been convicted of a violation of/or pled nolo contendere to any federal, state, or local statute, regulation or ordinance or entered into any plea bargain for violations, except for minor traffic violations? If yes, provide the following: 1) A written explanation of the event(s). 2) A written explanation on how you have dealt with the circumstances that led up to the event(s).

☐ Yes

☐ No

Education

List all Graduate Institutions (Undergraduate Not Required). **Official Graduate Transcripts** from each of the universities listed below must be submitted directly to the NCBLPC Board Office from the Graduate Institution.

Education Information

Appalachian State University

State:	NC
Start Date:	08/2015
Degree:	Masters
Major:	Clinical Mental Health Counseling
Date Conferred:	12/2017

Reference Information**Dr. Christina Rosen**

Title: Professor, ASU University Internship Supervisor
Years Known: 2
Phone: 828-292-0959
Email: rosencm@appstate.edu
Address: ASU Box 32075, Boone, NC 28608

Title: Internship Site Co-Therapist (Daymark)
Years Known: 2
Phone: 336-667-5151
Email:
Address: 1430 Willow Ln. C61-2, North Wilkesboro, NC 28659

Angela Brooks-Livingston

Title: Site Supervisor (Daymark); Adjunct Professor, ASU
Years Known: 1.5
Phone: 336-844-4570
Email: brookslivingstonac@appstate.edu
Address: 1430 Willow Ln. C61-2, North Wilkesboro, NC 28659

Experience Information

Practicum

Graduate Institution: Appalachian State University
Start - End Date: 01/2017 - 05/2017
Weeks / Hours: 17 / 100
Course # / Title: 5900 / Practicum
University Supervisor: Melia Snyder
Site Supervisor: Angela Brooks-Livingston
Practicum/Internship Site: Daymark Recovery Services Wilkesboro
Position Held: Counselor-in-Training
Responsibilities: Conducted individual counseling sessions, couples counseling sessions, and co-led group therapy sessions; performed assessment and diagnosis; and maintained client records.

Internship

Graduate Institution: Appalachian State University
Start - End Date: 05/2017 - 08/2017
Weeks / Hours: 16 / 300
Course # / Title: 6900 / CMHC Internship
University Supervisor: Christina Rosen
Site Supervisor: Angela Brooks-Livingston
Practicum/Internship Site: Daymark Recovery Services (Wilkesboro)
Position Held: Counselor-in-training
Responsibilities: Conducted individual counseling sessions, couples counseling sessions, and co-led group therapy sessions; performed assessment and diagnosis; observed crisis and outpatient intakes; and maintained client records.

Internship

Graduate Institution: Appalachian State University
Start - End Date: 05/2017 - 12/2017
Weeks / Hours: 16 / 360
Course # / Title: 6900 / CMHC Internship
University Supervisor: Christina Rosen
Site Supervisor: Angela Brooks-Livingston

Practicum/Internship Site: Daymark Recovery Services (Wilkesboro)
Position Held: Counselor-in-training
Responsibilities: Conducted individual counseling sessions, couples counseling sessions, and co-led group therapy sessions; performed assessment and diagnosis; observed crisis and outpatient intakes; and maintained client records.

Graduate Course Information

Career Counseling and Lifestyle Development

Code: HPC 5210
Title: LIFE AND CAREER PLANNING
Credit Hrs: 3.00
Hours Type: Semester
Semester: Fall
Completed: 12/2016

Group Counseling Theories and Processes

Code: HPC 5790
Title: GROUP METHODS AND PROCESSES
Credit Hrs: 3.00
Hours Type: Semester
Semester: Fall
Completed: 12/2015

Social and Cultural Foundations in Counseling

Code: HPC 5110
Title: MULTICULTURAL COUNSELING
Credit Hrs: 3.00
Hours Type: Semester
Semester: Spring
Completed: 05/2016

Research and Program Evaluation

Code: RES 5000
Title: RESEARCH METHODS
Credit Hrs: 3.00
Hours Type: Semester
Semester: Summer
Completed: 06/2017

Professional Orientation to Counseling

Code: HPC 5120
Title: INTROD CLINICL MNTL HLTH COUNS
Credit Hrs: 3.00
Hours Type: Semester
Semester: Fall
Completed: 12/2015

Helping Relationships in Counseling

Code: HPC 5225
Title: THE HELPING RELATIONSHIP
Credit Hrs: 3.00
Hours Type: Semester
Semester: Fall
Completed: 12/2015

Assessment in Counseling

Code: HPC 6120
Title: DEV ASSESSMT DIAG COUNSELING
Credit Hrs: 3.00
Hours Type: Semester
Semester: Spring
Completed: 05/2017

Assessment in Counseling

Code: HPC 5140
Title: PSYCHOL AND EDUC TESTING
Credit Hrs: 3.00
Hours Type: Semester
Semester: Fall
Completed: 12/2016

Practicum in Counseling

Code: HPC 5900
Title: PRACTICUM
Credit Hrs: 3.00
Hours Type: Semester
Semester: Spring
Completed: 05/2017

Helping Relationships in Counseling

Code: HPC 5220
Title: COUNSEL THEO & TECHNIQ
Credit Hrs: 3.00
Hours Type: Semester
Semester: Spring
Completed: 05/2016

Professional Orientation to Counseling

Code: HPC 5752
Title: LGL & ETHCL ISS CLN HLTH CNSLG
Credit Hrs: 3.00
Hours Type: Semester
Semester: Spring
Completed: 05/2016

Assessment in Counseling

Code: HPC 6120
Title: DEV ASSESSMT DIAG COUNSELING
Credit Hrs: 3.00
Hours Type: Semester
Semester: Spring
Completed: 05/2017

Internship in Counseling

Code: HPC 6900
Title: CMHC INTERNSHIP
Credit Hrs: 3.00
Hours Type: Semester
Semester: Fall
Completed: 12/2017

Internship in Counseling

Code: HPC 6900
Title: CMHC INTERNSHIP
Credit Hrs: 3.00
Hours Type: Semester
Semester: Summer
Completed: 08/2017

Human Growth and Development Theories in Counseling

Code: HPC 5272
Title: INDIVIDUAL AND FAMILY DEVELOPMNT
Credit Hrs: 3.00
Hours Type: Semester
Semester: Fall
Completed: 12/2017

Total Hours: 42.00

From Appstate Registrar web page

<https://registrar.appstate.edu/students/ordering-transcript>

Transcripts using Hold for Degree will be released (Note each semester the date of transcript release is different) COVID-19 has caused some delay with third party process.

*** You should only select the Hold for Degree option if your degree has not yet been awarded. ***

- During the end of semester processing, please make sure that final grades have posted to your transcript **before** placing your order. You can view your unofficial academic transcript online through your Appalnet account to ensure grades have been posted. Please do not use the Final Grades option under your Appalnet account, as this may show grades that have not been posted to your transcript. We will not re-send transcripts that are missing grades due to orders being placed before end of term processing has been finalized.
- All transcripts are ordered **online** through the National Student Clearinghouse. Students must use a credit or debit card for payment.
- The Registrar's Office will only provide official transcripts to students which will include the student's entire academic record at the time it is issued. Official transcripts contain all course work, undergraduate and/or graduate, taken while enrolled at Appalachian.
- THE UNIVERSITY WILL NOT ISSUE A PARTIAL TRANSCRIPT.

Things to Know Before Ordering Transcripts:

1. **Electronic PDF Transcript** – It is recommended that students confirm with recipients the acceptance of electronic PDF transcripts prior to ordering. The electronic transcript is only official when it is sent directly to the institution or other recipient. Electronic transcripts sent directly to the student may not be considered official. Students should confirm the policies with the receiving institution. **Please Note:** Electronic transcript processing is not available for students who attended prior to 1986.
2. **Payment Options** are credit or debit card (MasterCard, Visa or Discover) through the National Student Clearinghouse secure site. Your credit or debit card will not be charged until your transcript has been sent.
3. **Attachments** may be uploaded to both electronic and paper delivery orders. Examples include: LSAC, CASPA, ADEA, AMCAS, The Common Application, etc. Attachments should be no more than three (3) pages in length. Each attachment will be reviewed and approved by the Registrar's Office prior to the transcript being sent.
4. **Standard Delivery times:**

- A. **For electronic transcript requests**, the delivery time will typically be within one hour of the request being processed unless additional processing time is needed as noted below.
- B. **For transcripts requested to be sent via US Mail**, these are usually mailed within 3 business days. Students should allow additional time for the transcript to reach the destination.
- C. **For transcripts requested to be picked up**, students may come by the Registrar's Office during normal business hours which are 8:00 am until 5:00 pm Monday through Friday. For pick up transcripts, a valid picture ID is required. Only the student listed on the transcript may pick up the transcript. If you wish to have a third party pick up your transcript, you must contact the Registrar's Office prior to the third party picking up the transcript for instructions. The person picking up the transcript on your behalf must present a valid photo ID.

NOTE: Additional processing time will occur when the student has a hold, there is a vault record (transcripts older than 1986), a data mismatch needing research, and/or during peak periods, such as at the end of term. An email notification will be sent when the transcript has been processed for delivery or is available for pick-up in Office of the Registrar, 109 John E Thomas Hall, Boone, NC.

- 5. **Special Processing Time:** It is the student's responsibility to have read and become familiar with any information provided on the website and the ordering center site regarding adjusted timelines for transcript processing prior to ordering their transcript. **Please Note:** If you select a processing option of AFTER Grades are Posted or AFTER Degree is Awarded, your transcript request will be processed when ALL grades or ALL degrees for ALL students have been recorded (fall, spring and summer terms). It is recommended that each student check AFTER Grades are Posted or, if you are graduating, check AFTER Degree is Awarded at the end of a semester to ensure their academic transcript reflects grades, degrees and academic standing, as appropriate, before ordering a transcript.
- 6. **Order Updates** will be sent to you via email and, if you choose the option when ordering, via text messages. You can also track your transcript order online.
- 7. **Signed Consent** is required to place your order. It is recommended that students utilize the online paperless consent option presented when ordering to avoid processing delays. Currently enrolled students ordering through their AppalNet account will not be asked for a signed consent.
- 8. **Holds for Indebtedness** to the University prevent transcript requests from being processed. It is the student's responsibility to take care of any holds that prevent their transcript from being released. Students will be notified that they have a hold and where they need to go to clear it.

For step by step instructions please review the video below: see website
<https://registrar.appstate.edu/students/ordering-transcript>

How to order transcripts from National Clearinghouse to send to NCBLCMHC for application:

1. Go to Appalnet account
2. Select “Student” tab, then select “Student Records”
3. Select “Official Transcript Request” which will take you to National Clearinghouse Website
4. “Order a transcript”

Student Self-Service Site

Appalachian STATE UNIVERSITY

Welcome. This service is offered by the National Student Clearinghouse in cooperation with APPALACHIAN STATE UNIVERSITY.
IMPORTANT: Do NOT use the browser forward/back buttons. Log Out when you are done to protect the privacy of your records.

Please select from the following options:

- Obtain an [enrollment certificate](#) to print and mail to a health insurer or other company that requests proof of my enrollment.
 - ☒ Current enrollment
 - ☐ All enrollment
- View the [enrollment information on file](#) with the Clearinghouse.
- View the [student loan deferment notifications](#) that the Clearinghouse has provided to my loan holders (lenders and guarantors).
- View the [proof\(s\) of enrollment](#) that the Clearinghouse has provided to my health insurers and other providers of student services or products.
- **Order a transcript**
- View the [status](#) of your transcript order
- [View exclusive offers for college students](#)

5. Follow on screen directions by selecting green “Order Transcripts” button at the bottom of the next page
6. Enter personal information
7. Enter contact information
8. When prompted to “Select Transcript and Delivery Details” select the option “Education Organization, Application Service, and Scholarship” for Recipient:

Select Transcript and Delivery Details

Recipient All fields required, unless otherwise indicated

- College or University
- Education Organization, Application Service and Scholarsh...**
- Employer or Other
- Myself

tain instances,
 from his or her
 by recipient

9. When prompted to select organization, scroll to the bottom and select “Not in List,” then put in “NC Board of Licensed Clinical Mental Health Counselors” in blank space:

Recipient All fields required, unless otherwise indicated

According to the Family Educational Rights and Privacy Act (FERPA), in certain instances, schools must obtain the student's permission in order to release information from his or her educational records. The type of consent form that is required is determined by recipient type.

Who are you sending your transcript to?

Education Organization, Application Service and Schola... ▼

Select Organization

Not in List ▼

Enter an Organization

NC Board of Licensed Clinical Mental Health Counselors

10. Select the following options using the drop-down arrows on this page:

Select Transcript and Delivery Details

Recipient: NC BOARD OF LICENSED CLINICAL MENTAL HEALTH COUNSELORS

Processing Details All fields required, unless otherwise indicated

When do you want your transcript processed?

After Degree Is Awarded ▼

NOTE: Your transcript will be sent after you complete the degree program you indicate below you are working towards and your degree has been awarded.

Degree Title

Graduate Certificate Pro Addiction Cou... ▼

What type of transcript do you want?

Complete/All ▼

Why are you ordering your transcript?

Certification/Licensure ▼

11. Select the following for delivery method:

Delivery Information

How do you want your transcript sent?

Electronic - \$1.00 ▼

How many copies do you want?

1 copy = \$7.50 ▼

School's Terms and Conditions:

Shortly after your request is processed by your school, your transcript recipient will be emailed a link to a secure Internet page where he or she can retrieve your official transcript. Upon that email notification, your credit card will be charged. The National Student Clearinghouse will guarantee that your recipient is notified that your transcript is ready for retrieval at the email address you provided when you placed the order; however, we cannot be responsible for whether or not your recipient retrieves or accepts the transcript. Because this is a new technology, we suggest that you contact your recipient and verify that he or she is willing to accept your transcript via this delivery method. The accuracy and correctness of the electronic transcript is solely the responsibility of your school.

I have read and accept my school's terms and conditions for the delivery method of Electronic?

Acceptance to the Terms and Conditions is required.

YES NO

12. Then this should be listed at the bottom of the page:

Upload Attachment (optional)

Do you want to send additional documents with your transcript?

ADD FILE +

Fee Summary

Transcript Quantity Fee	\$7.50
Secure Electronic PDF Fee	\$1.00
Total Fee for this Recipient	\$8.50

13. Then provide delivery contact information (from Board website [FOUND HERE](#)):

Provide Delivery Information
Recipient: NC BOARD OF LICENSED CLINICAL MENTAL HEALTH COUNSELORS

Recipient Delivery Information All fields required, unless otherwise indicated

Recipient
NC BOARD OF LICENSED CLINICAL MENTAL HEALTH COUNSELORS

Recipient Email Address
transcripts@ncblcmhc.org

Confirm Recipient Email Address
transcripts@ncblcmhc.org

< PREVIOUS

CANCEL

ADD TO CART >

14. Select “Add to Cart”

15. Final page before placing order will then look like this:

- After completing order, remember to save the receipt of the order and use that for your application

To access Office Transcript request receipts of payments:

1. Log into your Appalnet account
2. Select “Student” Tab
3. Select “Student Records”
4. Select “Official Transcript Request”
5. Webpage will redirect you to the Student Clearinghouse website
6. Select “view the status of your transcript order”:

Welcome. This service is offered by the National Student Clearinghouse in cooperation with APPALACHIAN STATE UNIVERSITY.
IMPORTANT: Do NOT use the browser forward/back buttons. Log Out when you are done to protect the privacy of your records.

Please select from the following options:

- [Obtain an enrollment certificate](#) to print and mail to a health insurer or other company that requests proof of my enrollment.
- ☒ Current enrollment ☐ All enrollment
- View the [enrollment information on file](#) with the Clearinghouse.
- View the [student loan deferment notifications](#) that the Clearinghouse has provided to my loan holders (lenders and guarantors).
- View the [proof\(s\) of enrollment](#) that the Clearinghouse has provided to my health insurers and other providers of student services or products.
- [Order a transcript](#)
- [View the status of your transcript order](#)
- [View exclusive offers for college students](#)

To ensure the security and confidentiality of sensitive information being transmitted over the Internet, the Clearinghouse protects its customers by using Secure Socket Layer (SSL) technology provided by the VeriSign Secure Site Program. SSL encrypts/unencrypts the data before the Server/Client sends or receives transmissions.



7. Sign in using your App State email address and previous order number from your transcript order request (found in the email you received from The National Clearinghouse after official transcript request was made):

Sign In

Enter the transcript order number sent in your order confirmation email and the email address you used to place the order.

Order Number

Enter digits only.

Email Address

VIEW STATUS

8. Select “View Order Confirmation” to access proof of payment to upload to your application:

Order for .


Order Summary

Ordered:

Order Number:
[View Order Confirmation](#)

Requestor Email:

Total Fee Charged for Order: \$7.50



Ready for Pickup - January 17, 2020 11:35 AM ET

[VIEW DETAILS](#)



SCORE VERIFICATION REQUEST for STATE LICENSURE EXAMINEES

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CCE Assessment Dept. • P.O. Box 63105 • Charlotte, NC 28263-3105 • FAX: 336-482-2852
TEL: 336-482-2856

Please complete this form electronically or print legibly and mail with payment to the address above. If paying by credit card, you can instead fax this form to 336-482-2852. (Please fax only once, as duplicate faxes may result in duplicate charges.) All fees are **nonrefundable and nontransferable**.

You do not need to complete this form if you recently tested. Scores are automatically sent to your state board approximately four weeks from your testing date. If you have questions about your score status, please contact CCE.

Name: _____

Previous Name (if applicable): _____

(If your name has changed since you took the examination, please provide documentation, such as a copy of your marriage certificate.)

NBCC ID or Last Four Digits of Social Security Number: _____ Daytime Telephone: _____

Current Address: _____

E-mail Address: _____

Examination Date (month/year): _____ Examination Registration State: _____

Examination Score(s) Requested: ☐ NCE ☐ EMAC ☐ NCMHCE ☐ TJEPC ☐ Other _____

Important Note: Scores for more than one examination can be included in a single verification report.

Delivery Address (Street or P.O. box):

PAYMENT FORM—DO NOT DETACH

Delivery Options:

Standard: \$65

(Delivery expected four weeks after payment is processed.)

Two-day express processing: \$110

(Delivery expected two business days after payment is processed.)

\$ _____ ☐ Standard
☐ Two-day delivery

X _____ Copies

\$ _____ **Total payment** (required)

Type of Payment:

☐ Check or money order—payable to CCE (enclosed)

☐ Credit card

Card Type: ☐ VISA ☐ MasterCard ☐ American Express

Name on Card: _____

Card Number: _____ Expiration Date: _____ / _____

Verification Code Numbers (from back of card): _____

Cardholder Signature: _____ Date: _____

Daytime Telephone: _____ Evening Telephone: _____



NORTH CAROLINA BOARD
of LICENSED CLINICAL
MENTAL HEALTH
COUNSELORS

PHONE: 844-622-3572
FAX: 336-217-9450
WEB: ncblcmhc.org
EMAIL: LCMHInfo@ncblcmhc.org

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Verification of Graduate Counseling Experience

[To be completed by University Faculty for LCMHCA/LCMHC Applicants]

Indicate to which Applicant this verification form applies:

Name: _____

VERIFICATION OF GRADUATE COUNSELING EXPERIENCE INSTRUCTIONS

1. **PRINT** or **TYPE** using **BLACK** Ink to complete this verification of graduate counseling experience. Person verifying graduate counseling experience must be a university faculty member as defined in Rule .0206.
2. **ALL SECTIONS** must be completed or the verification of graduate counseling experience will be returned.
3. The verification of graduate counseling experience should be enclosed in a sealed envelope and signed across the flap. Mail the signed and sealed envelope to the **NCBLCMHC Board Office at: NCBLCMHC, PO Box 77819, Greensboro, NC 27417**

I. GENERAL INFORMATION - *To be completed by person verifying graduate counseling experience.*

Name (Last, First, Middle):

Title:

University:

Department or Program Name:

Mailing Address (Street and/or Box Number, City, State, Zip Code):

Business Phone:

Email Address:

II. VERIFICATION OF GRADUATE COUNSELING EXPERIENCE - *To be completed by person verifying graduate counseling experience.*

Name of Agency where Graduate Counseling Experience Occurred:

Address (Street and/or Box Number, City, State, Zip Code):

Business Phone:

Were you the University Supervisor for the graduate counseling experience? Yes _____ No _____ If not, explain how you have verified the graduate counseling experience:

Total hours of Individual clinical supervision received during graduate counseling experience: _____

Total hours of Group clinical supervision received during graduate counseling experience: _____

	From (month/day/year)	To (month/day/year)	Total Hours of Direct Client Contact	Total Hours of Indirect Client Contact
<input type="checkbox"/> Practicum <input type="checkbox"/> Internship				
<input type="checkbox"/> Practicum <input type="checkbox"/> Internship				
<input type="checkbox"/> Practicum <input type="checkbox"/> Internship				
<input type="checkbox"/> Practicum <input type="checkbox"/> Internship				
Percentage (Board use only)				

I verify that the statements in this verification of professional counseling experience are true and correct to the best of my knowledge.

Signature of Person Verifying: _____ Date: _____

APPLICATION VALIDATION - To be completed by all applicants.

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North Carolina Board of Licensed Clinical Mental Health Counselors

Licensure Application Affidavit

This form must be signed and dated in the presence of a Notary Public.

To be completed by applicant:

I declare and affirm all of the following:

- I am the person who executed this application.
- The statements contained on this application including accompanying documents, are true and complete in every aspect.
- I have not suppressed or withheld information that might affect this application.
- I will comply with all legal and ethical standards and standards of practice in my professional conduct, as required by the NC Licensed Professional Counselors Act and the ACA Code of Ethics.
- I have read and understand this affidavit.

I understand that any false or misleading information in, or in connection with, my application may be cause for denial of licensure, disciplinary action against a license, or revocation of a license. I also understand that the Board has the authority to conduct a full criminal record search, including state and national records.

Applicant's Full Name (PRINTED): _____

Applicant's Signature: _____ **Date:** _____

Notary Information:

State of _____

City/County of _____

SEAL

Sworn to (or affirmed) and subscribed before me, on this,

the _____ day of _____ in the year _____, and proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public Signature: _____

My Commission Expires: _____

Upload the completed form in the Counselor Gateway or mail to: NCBLCMHC • PO Box 77819 • Greensboro, NC 27417