

STATE OF MAINE

BOARD OF COUNSELING PROFESSIONALS LICENSURE

APPLICATION FOR REGISTRATION



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8674
Office Facsimile: (207) 624-8637
HEARING IMPAIRED (888) 577-6690
Internet: www.maine.gov/professionallicensing

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Counseling Professionals is enclosed. It contains all the relevant materials you need to complete your application for registration as a counselor in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Applicant Information Guide
- Individual License Application
- Disclosure Statement Information Sheet
- NPDB/HIPDB Self-query Report Information Sheet

ADDITIONAL RESOURCES

- Licensing Law for Counseling Professionals

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://janus.state.me.us/legis/statutes/32/title32ch119sec0.html> or call (207) 624-8674

- Licensing Rules for Counseling Professionals

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#514> or call (207) 624-8674

- Licensing Rules for the Department of Professional and Financial Regulation

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://janus.state.me.us/legis/statutes/10/title10ch0sec0.html>

<http://janus.state.me.us/legis/statutes/5/title5ch0sec0.html>

APPLICATION PROCEDURE

- Please submit your application materials by mail or hand delivery to our offices. Fax submissions will not be accepted. If the application you submit to us is complete, it will be prepared and presented to the Board for official action.
- If there are deficiencies with your application, you will be notified by mail.
- **If all components of the application are not complete ten (10) days prior to the Board meeting the application will not be reviewed at that meeting.** Due to the volume of applications being reviewed by the Board at any given time, we cannot guarantee a particular review date, but the Board will endeavor to expedite the review of your application
- Please do not call our office regarding the status of your application. Information about the status of applications may be found at the Office of Licensing & Registration's website: <http://www.maine.gov/professionallicensing>. We appreciate your thoughtful attention to this request.

Registration

A complete application shall include the following:

- A completed and signed Application;
- A copy of your Disclosure Statement;
- NPDB/HIPDB Self-Query Reports;
- Payment of an Application fee of \$25.00;
- Payment of a Registration fee of \$50.00; and
- Payment of a Criminal History Check fee of \$21.00.

Note: All fees can be in one payment.

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 122 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/professionallicensing/license_search.htm.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>
1. Have you ever been convicted by any court of any crime? (circle one) NO YES If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES If yes, enclose a detailed explanation and copies of all documents.
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.
SIGNATURE DATE

Board of Counseling Professionals Licensure Required Fee: \$96 (includes Criminal History Records Check Fee)	Office Use Only: 1421 - \$50.00 1446 - \$25.00 2619 - \$21.00
Please Select License Type: <input type="checkbox"/> Registered Counselor (RC1421)	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____
Rev. 7/2008	

PAYMENT OPTIONS:
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:
NAME OF CARDHOLDER (please print) <i>FIRST</i> <i>MIDDLE INITIAL</i> <i>LAST</i>
I authorize the Dept. of Professional and Financial Regulation, Office of Licensing and Registration to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____
Card number: <i>XXXX-XXXX-XXXX-XXXX</i> Expiration Date <i>mm / yyyy</i>
SIGNATURE DATE

TRAINING

Any statements of education and training shall be accompanied by documentation, i.e. copy of diploma, transcript, course certificate, etc.

Sponsoring Agency or Organization:

Sponsor's Mailing Address:

City:

State:

Zip Code:

Objectives of Training:

Date(s) of Training

Hours of Training:

Certificate Earned?

[] YES [] NO (If yes, please attach a copy.)

Document Hours Earned:

College Credits _____

CEUs _____

Contact Hours _____

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State:

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Objectives of Training:

Date(s) of Training:

Hours of Training:

Certificate Earned?

[] YES [] NO (If yes, please attach a copy.)

Document Hours Earned:

College Credits _____

CEUs _____

Contact Hours _____

EDUCATION

Include major fields of study, including degrees and professional certifications held, and from where they were conferred. Specify highest degree.

	School Name & Address	Total Credit Hours	Date Graduated	Major	Minor	Degree	Number of Relevant Credit Hrs.
High School		N/A		N/A	N/A	N/A	N/A
GED		N/A		N/A	N/A	N/A	N/A
College							
Graduate							
Post Graduate							
Other							
Total Relevant Credit Hours							

Paid Work Experience		
Name of Employer:	Name of Supervisor:	
Mailing Address:		
City:	State:	Zip Code:
Term of Employment from: Month/Year: _____ to Month/Year: _____		
My Employer Considered this: <input type="checkbox"/> Full time <input type="checkbox"/> Half Time <input type="checkbox"/> Other, specify _____		
Duties: (be specific)		

Paid Work Experience		
Name of Employer:	Name of Supervisor:	
Mailing Address:		
City:	State:	Zip Code:
Term of Employment from: Month/Year: _____ to Month/Year: _____		
My Employer Considered this: <input type="checkbox"/> Full time <input type="checkbox"/> Half Time <input type="checkbox"/> Other, specify _____		
Duties: (be specific)		

Paid Work Experience		
Name of Employer:	Name of Supervisor:	
Mailing Address:		
City:	State:	Zip Code:
Term of Employment from: Month/Year: _____ to Month/Year: _____		
My Employer Considered this: <input type="checkbox"/> Full time <input type="checkbox"/> Half Time <input type="checkbox"/> Other, specify _____		
Duties: (be specific)		

Practice

Describe your practice, highlighting areas of specialization and expertise:

Method of Payment

Method of Billing: (previous experience and policy with regard to third party payment)

The fee schedule and provision for pro bono (non-compensated) work or sliding scale modifications of the fee schedule:

Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country? YES NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Disciplinary History

1. Do you have pending against you any complaints from a regulatory board or professional organization? If yes, please enclose a detailed explanation. YES NO
2. Have you ever been or are you currently a defendant in a civil proceeding related to your professional activities? If yes, please enclose a detailed explanation. YES NO

Affirmation

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE: _____ DATE: _____



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Counseling Professionals Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

SUGGESTED FORMAT FOR DISCLOSURE STATEMENT

Disclosure Statement

- A. Name, M.S.**
Such-and-such Counseling Service
555 Main Street
City, Maine (207) 666-7777
- B. Degree:** Highest degree and related field of study
Licensure: Please indicate here the license/registration type, original or renewal license, and the projected begin and end date of license term (2 year cycle). **(If conditionally licensed, please indicate).**
(Example: LCPC, original: 9/03 expiration: 9/05)
- C. Areas of competence** - I am trained for work with individuals, couples, and(continued concisely, but with a much detail as necessary to give clients an idea of the range of your skills and scope of your license/registration).
- D. Course of Action-** At the first interview(Include a description of your usual process of intake, assessment, and goal setting. If clinically licensed, please also explain your process for diagnosing and treating. This is designed to give your prospective client an idea of what to expect in counseling).
- E. Confidentiality** - A statement indicating the limits and scope of confidentiality. The following exceptions **must** be included:
 1. Threat of serious harm to self or others.
 2. Reasonable suspicion of child abuse, or abuse of elder or any incapacitated person.
 3. Court order.
 4. Voluntary release signed by client or guardian.
 5. In defense against legal action or formal complaint which client makes before a court or regulatory board.
 6. During supervisory consultations.
- F. Supervision** – A statement indicating supervision arrangement of counselor, when applicable.
- G. Fee schedule, hours of business, policy regarding third party payments** – explained with words that are clearly understood.
- H. Accountability** - A statement to the effect that “the practice of counseling is regulated by the Department of Professional and Finance Regulation, and complaints may be registered by contacting: Board of Counseling Professionals Licensure
35 State House Station
Augusta, ME 04333
(207) 624-8674





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GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

**National Practitioner Data Bank (“NPDB”) and
Healthcare Integrity and Protection Data Bank (“HIPDB”)
Self-Query Reports**

Pursuant to 10 M.R.S.A. §8003, sub-§10*, the Office of Licensing and Registration will require all applicants to submit a NPDB/HIPDB Self-Query Report as part of the initial application for licensure within each of the following allied health licensure programs effective **November 1, 2007**. Applications received without the NPDB/HIPDB self-query report will be considered incomplete which will further delay the application process.

* **“National disciplinary record system.** Within the limits of available revenues, all bureaus, offices, boards or commissions internal or affiliated with the department shall join or subscribe to the national disciplinary record system used to track interstate movement of regulated professionals who have been the subject of discipline by state boards, commissions or agencies and report disciplinary actions taken within this State to that system.”

Alcohol and Drug Counselors

License Alcohol and Drug Counselors
Certified Alcohol and Drug Counselor
Certified Clinical Supervisor
Alcohol and Drug Counselor Aide

Athletic Trainers

Athletic Trainers

Chiropractic Licensure

Chiropractor, Chiropractic Assistant
Chiropractic Acupuncture

Complementary Health Care

Acupuncturist, Naturopathic Doctor,
Naturopathic Acupuncture, Chinese Herbal
Formulation Certification

Counseling Professionals

LP, PC, LMFT, LCPC, RC
Including Conditional

Dietetic Practice

DI, DT / Including Temporary

Hearing Aid Dealers and Fitters

Hearing Aid Dealer and Fitter / Trainees

Massage Therapists

Massage Therapist

Nursing Home Administrators

AD, MLA, RC

Occupational Therapy

OT, OTA / Including Temporary

Physical Therapy

Physical Therapists
Physical Therapists Assistants

Pharmacy

Pharmacist
Pharmacist Technician
Pharmacies
Mail Order Pharmacies
Mail Order Contact Lens Suppliers
Wholesale Distributor
Manufacturer

Podiatric Medicine

Podiatrist, Resident Podiatrist

Psychologists

Psychologist, Psychologist Examiners
Including Conditional and Temporary

Radiologic Technologists

Radiologic Technologists – 3 authorities
Limited Radiographers / Special Permit
Including Temporary

Respiratory Care

Respiratory Therapist
Respiratory Technician
Associate

Social Worker Licensure

LS, LX, LM, LC, MC

SLP and Audiologists

SLP, Audiologist

The instructions to request a self-query report are available at NPDB/HIPDB’s website:
www.npdb-hipdb.hrsa.gov

The website includes a Fact Sheet on self-querying, as well as FAQs to assist you in requesting a report. Customer Service Contact information is provided below:

NPDB-HIPDB Customer Service Center

**Tel: (800)767-6732
TDD: (703)802-9395**