

STATE OF MAINE  
BOARD OF COUNSELING PROFESSIONALS  
LICENSURE

**ENDORSEMENT/STANDARD APPLICATION FOR FULL OR  
CONDITIONAL LICENSURE AS A:**

- **LICENSED CLINICAL PROFESSIONAL COUNSELOR**
- **LICENSED PROFESSIONAL COUNSELOR**
- **MARRIAGE AND FAMILY THERAPIST**
- **LICENSED PASTORAL COUNSELOR**



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

Office Telephone: (207) 624-8674  
Office Facsimile: (207) 624-8637  
TTY USERS CALL MAINE RELAY 711  
Internet: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

Office located at: 76 Northern Avenue, Gardiner, Maine



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
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	

<b>Board of Counseling Professionals Licensure</b>		<b>Office Use Only:</b> 1421 - \$200.00 2619 - \$21.00
<b>Please Select License Type:</b> (\$221.00 Total Fee, includes License, and Criminal History Records Check Fee)		
<input type="checkbox"/> Clinical Professional Counselor, Full (CC1421) <input type="checkbox"/> Professional Counselor, Full (PC1421) <input type="checkbox"/> Marriage and Family Therapist, Full (MF1421) <input type="checkbox"/> Pastoral Counselor, Full (LP1421)		
<input type="checkbox"/> Clinical Professional Counselor, Conditional (XL1421) <input type="checkbox"/> Professional Counselor, Conditional (XC1421) <input type="checkbox"/> Marriage and Family Therapist, Conditional (XM1421) <input type="checkbox"/> Pastoral Counselor, Conditional (XP1421)		<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____
Rev. 01/23		

<b>PAYMENT OPTIONS:</b>			
Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard, Visa, Discover or American Express fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
CREDIT CARD BILLING ADDRESS (please print)			
<b>I authorize the Department of Professional and Financial Regulation, Office of Professional &amp; Occupational Regulation to charge my</b> <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS <b>the following amount:</b> \$ _____			
<input type="checkbox"/> <b>I understand that fees are non-refundable</b>			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
<b>SIGNATURE</b>		<b>DATE</b>	

Graduate Education		
Name of Academic Institution:		
Mailing Address:		
City:	State:	Zip Code:
Degree Granted:		Date Conferred:

Credentialing History
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**Have you ever held a professional license/certification/registration in this or any other state/country?** [ ] YES [ ] NO  
 List all licenses that you hold or have ever held.

Profession	License #	State/Country	Date Issued	Expiration Date

**Has any state or jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure?** [ ] YES [ ] NO  
 If yes, enclose a signed detailed explanation and copies of all documents.

**Have you ever taken a national counseling examination?** [ ] YES [ ] NO  
 If yes:

Exam Title:	Location:
Date Taken:	Select One: [ ] Pass [ ] Fail

Exam Title:	Location:
Date Taken:	Select One: [ ] Pass [ ] Fail

Disciplinary History
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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

## Counseling Board

I agree to abide by the Maine Board of Counseling Professionals Licensure Statutes, Board Rules, Laws and Rules related to licensure as a Counselor. Above is a list of the relevant laws and rules and information to obtain these documents. This office cannot provide you with hardcopy documents, please visit the website(s) listed to obtain electronically available documents. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

- 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://www.mainelegislature.org/legis/statutes/32/title32ch119sec0.html>

- 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>

- Licensing Rules for the Department of Professional and Financial Regulation

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.**

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

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

**By my signature below, I Attest that I have read all of the above listed laws and rules and will keep current by periodically revisiting them for any changes and updates.**

**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 Professional and Occupational Regulation 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.**

Printed Name of Applicant	Pending #
Signature of Applicant	Date

## **Clinical Professional Counselor** **Full/Conditional Licensure**

Please review Chapter 3 of the Board's Rules carefully. Chapter 3 outlines the requirements for licensure as a clinical professional counselor. An application will not be approved unless the applicant meets all qualifications as outlined in the Board's Rules. A complete application shall include the following:

- ❑ All three pages of the application completed;
- ❑ Payment of a Licensure fee \$200; and
- ❑ Payment of a Criminal History Check fee of \$21.00.  
**Note: All fees can be in one payment.**
- ❑ NCE Examination Results for Conditional Licensure and NCE as well as NCMHCE for Full Licensure (if not on file);
- ❑ A copy of your Official Transcript (if not previously submitted);
- ❑ A completed Educational Requirements Worksheet accompanied by course descriptions, syllabi and/or catalogs; (Submit only if your mental health counseling program was not CACREP accredited at the time the degree was awarded) (if not previously submitted);  
**Note: Course descriptions should be taken directly from course catalogues current at the time the courses were completed.**
- ❑ A completed Degree/Internship Form from the university that attests to the number of internship hours, and also describes the counseling activities, setting, and supervisor credentials of the internship experience, and whether or not the internship was clinical (if not previously submitted);
- ❑ A copy of your proposed Disclosure Statement;  
**Note: Must include prospective Maine licensure dates (two-year licensure period).**
- ❑ A Verification of Licensure for any jurisdiction(s) in which the applicant was ever licensed;

### **Conditional Licensure:**

- ❑ A completed Proposed Supervision Plan Form.

### **Full Licensure:**

- ❑ A completed Supervisor's Affidavit Form (if not previously submitted)

## Professional Counselor Full/Conditional Licensure

Please review Chapter 2 of the Board's Rules carefully. Chapter 2 outlines the requirements for licensure as a professional counselor. An application will not be approved unless the applicant meets all qualifications as outlined in the Board's Rules. A complete application shall include the following:

- ❑ All three pages of the application completed;
- ❑ Payment of a Licensure fee \$200; and
- ❑ Payment of a Criminal History Check fee of \$21.00.

**Note: All fees can be in one payment.**

- ❑ NCE Examination Results (If not already submitted);
- ❑ A copy of your Official Transcript indicating earned/conferred degree (if not previously submitted);
- ❑ A completed Educational Requirements Worksheet accompanied by course descriptions, syllabi and/or catalogs; (Submit **only** if your mental health counseling program was not CACREP accredited at the time the degree was awarded) (if not previously submitted);

**Note: Course descriptions should be taken directly from course catalogues current at the time the courses were completed.**

- ❑ A completed Verification of Internship Form from the university that attests to the number of internship hours, and also describes the counseling activities, setting, and supervisor credentials of the internship experience (if not previously submitted);
- ❑ A copy of your proposed Disclosure Statement;

**Note: Must include prospective Maine licensure dates (two-year licensure period).**

- ❑ A Verification of Licensure for any jurisdiction(s) in which the applicant was ever licensed; (online look-ups are acceptable); and

### **Conditional Licensure:**

- ❑ A completed Proposed Supervision Plan Form

### **Full Licensure:**

- ❑ A completed Supervisor's Affidavit Form (if not previously submitted)

## **MARRIAGE AND FAMILY THERAPY** **Full/Conditional Licensure**

**Note:** Please review Chapter 4 of the Board's Rules. Chapter 4 outlines the requirements for licensure as a marriage and family therapist. An application will not be approved unless the applicant meets all qualifications as outlined in the Board's Rules. A complete application shall include the following:

- ❑ All three pages of the application completed;
- ❑ Payment of a Licensure fee \$200; and
- ❑ Payment of a Criminal History Check fee of \$21.00.

**Note: All fees can be in one payment.**

- ❑ Request to take the MFT Examination or MFT Examination Results (If not previously submitted);
- ❑ A copy of your Official Transcript indicating earned/conferred degree (if not previously submitted);
- ❑ A completed Educational Requirements Worksheet accompanied by course descriptions, syllabi and/or catalogs; (Submit only if your mental health counseling program was not CACREP accredited at the time the degree was awarded) or COAMFTE accredited with a doctoral degree. (Educational Worksheets can be found under "Applications and Forms" on our website) (if not previously submitted);

**Note: Course descriptions should be taken directly from course catalogues current at the time the courses were completed.**

- ❑ A completed Verification of Internship Form by the university that attests to the number of internship hours, and also describes the counseling activities, setting, and supervisor credentials of the internship experience, and whether or not the internship was clinical (if not previously submitted);
- ❑ A copy of your proposed Disclosure Statement;

**Note: Must include prospective Maine licensure dates (two-year licensure period).**

- ❑ A Verification of Licensure for any jurisdiction(s) in which the applicant was ever licensed; (online look-ups are acceptable); and

### **Conditional Licensure:**

- ❑ A completed Proposed Supervision Plan Form;

### **Full Licensure:**

- ❑ A completed Supervisor's Affidavit Form (if not previously submitted)

## **PASTORAL COUNSELOR LICENSE** **Full/Conditional Licensure**

**Note:** Please review Chapter 5 of the Board's Rules carefully. Chapter 5 outlines the requirements for licensure as a clinical professional counselor. An application will not be approved unless the applicant meets all qualifications as outlined in the Board's Rules. A complete application shall include the following:

- ❑ All three pages of the application completed;
- ❑ Payment of a Licensure fee \$200;
- ❑ Payment of a Criminal History Check fee of \$21.00.

**Note: All fees can be in one payment.**

- ❑ NCE Examination Results for Conditional Licensure and NCE as well as NCMHCE for Full Licensure (if not on file);
- ❑ A copy of your Official Transcript indicating earned/conferred degree (if not previously submitted);
- ❑ A completed Educational Requirements Worksheet accompanied by course descriptions, syllabi and/or catalogs; (Submit **only** if your mental health counseling program was not CACREP accredited at the time the degree was awarded) (if not previously submitted);

**Note: Course descriptions should be taken directly from course catalogues current at the time the courses were completed.**

- ❑ A completed Verification of Internship Form from the university that attests to the number of internship hours, and also describes the counseling activities, setting, and supervisor credentials of the internship experience, and whether or not the internship was clinical (if not previously submitted);
- ❑ Evidence of call to ministry (if not previously submitted);
- ❑ A copy of your proposed Disclosure Statement; and

**Note: Must include prospective Maine licensure dates (two-year licensure period).**

- ❑ A Verification of Licensure for any jurisdiction(s) in which the applicant was ever licensed; (online lookups are acceptable);

### **Conditional Licensure:**

- ❑ A completed Proposed Supervision Plan Form.

### **Full Licensure:**

- ❑ A completed Supervisor's Affidavit Form (if not previously submitted)



## **Licensure for Applicants Licensed in Another Jurisdiction (Endorsement)**

Please review Chapter 6 of the Board's Rules carefully. Chapter 6 outlines the requirements for licensure for applicants licensed in another jurisdiction. An application will not be approved unless the applicant meets all qualifications as outlined in the Board's Rules. There are two (2) pathways to licensure as outlined below:

- **Pathway 2 (Substantially Equivalent License):** Applicant submits evidence of five (5) years actively practicing with a substantially equivalent license immediately preceding application that is in good standing, **or**
- **Pathway 3 (Substantially Similar Qualifications):** The applicant's qualifications are substantially similar to Maine's licensing requirements with a license that is in good standing.

Pathway 2 applications shall include the following:

- All three pages of the application completed;
- Payment of a Licensure fee \$200.00;
- Payment of a Criminal History Check fee of \$21.00;  
**Note: All fees can be in one payment.**
- A copy of your Official Transcript;
- A copy of the relevant licensing law and Board rules of the licensing or certifying state of jurisdiction from which you are applying;  
**Note: Must include scope of practice.**
- A copy of all mental health licenses under which applicant practiced during the five (5) consecutive years immediately preceding this application;
- A completed Verification of Licensure Form from the jurisdiction(s) in which the applicant was ever licensed (online lookups are acceptable);
- A copy of your proposed Disclosure Statement;  
**Note: Must include prospective Maine licensure dates (two-year licensure period).**

**For Pastoral Counseling Licensure:**

- Proof of Call to Ministry

(See following page for Pathway 3)

## Licensure for Applicants Licensed in Another Jurisdiction Cont'd

Pathway 3 applications shall include the following:

- All three pages of the application completed;
- Payment of a Licensure fee \$200.00;
- Payment of a Criminal History Check fee of \$21.00;  
**Note: All fees can be in one payment.**
- A copy of your Official Transcript;
- A completed Educational Requirements Worksheet accompanied by course descriptions, syllabi and/or catalogs; (Submit **only** if your mental health counseling program was not CACREP accredited at the time the degree was awarded) or COAMFTE accredited with a doctoral degree. (Educational Worksheets can be found under "Applications and Forms" on our website);  
**Note: Course descriptions should be taken directly from course catalogues current at the time the courses were completed.**
- A completed Degree/Internship Form from the university that attests to the number of internship hours, and also describes the counseling activities, setting, and supervisor credentials of the internship experience, and whether or not the internship was clinical;
- Completed Supervisor's Affidavit Form;
- Official proof of a passing score on the examination(s) as prescribed in the Rules, forwarded to the Board directly by the organization holding the test scores **or** a Request for Examination;
- A copy of the relevant licensing law and Board rules of the licensing or certifying state of jurisdiction from which you are applying;  
**Note: Must include scope of practice.**
- A Verification of Licensure for any jurisdiction(s) in which the applicant was ever licensed (online lookups are acceptable);
- A copy of your proposed Disclosure Statement.  
**Note: Must include prospective Maine licensure dates (two-year licensure period).**

### **For Pastoral Counseling Licensure:**

- Proof of Call to Ministry.

### **For Conditional Licensure:**

- Completed Proposed Supervision Form.

## **APPLICATION PROCEDURE**

- If there are deficiencies with your application, you will be notified by email. **Please note:** Candidates whose applications have been incomplete for more than one (1) year will be required to submit **new** applications and fees if they still wish to be considered for licensure.
- Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: <http://www.maine.gov/professionallicensing>.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 Web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### 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?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** Due to the Covid-19 pandemic, and until further notice, the Gardiner Annex that houses the Office of Professional and Occupational Regulation and other agencies is closed to the public. OPOR staff members work remotely from 8 am to 5 pm to review and process license applications. We advise you to mail paper applications to 35 State House Station, Augusta, ME 04333
- **Can I come to Gardiner to drop off my application?** No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address-35 State House Station, Augusta, ME 04333.
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.
- **How can I check the status of my application?** You can check our website:  
• <http://pfr.informe.org/almsonline/almquery/welcome.aspx>.
- **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 Professional and Occupational Regulation 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.
- ◆ 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.

## INFORMATION REQUIRED IN PROPOSED DISCLOSURE STATEMENT:

### Disclosure Statement

- A.** Name, license number  
Such-and-such Counseling Service  
555 Main Street  
City, Maine (207) 666-7777  
Business hours
- B. Licensure:** Please indicate here the license/registration category, date of initial licensure and current license expiration date. (Example: LCPC, first issue: 12/2011 expiration: 12/2013)  
Note: Applicants may show prospective dates of licensure.
- C. Degrees:** List each postsecondary degree held, the name of the degree, the date awarded and the area of study in which the degree was earned, and the name of the institution that conferred the degree.
- D. 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 neglect of a child, or abuse, neglect or exploitation of an incapacitated or dependent adult;
  3. Court order;
  4. Voluntary release signed by client or guardian; and
  5. During supervisory consultations.
- E. Conditional Licensure\*** – If conditionally licensed, include a statement to that effect and an explanation that reads “A conditional licensee has met the initial requirements for this license and is working under professional supervision to obtain the experience necessary for full licensure. The counselor may discuss your case with the supervisor. The counselor may ask you for permission to allow the supervisor to sit in on a session. You are free to refuse if this would make you uncomfortable.”
- F. Areas of competence** - I am trained for work with individuals, couples, and... (continued concisely, but with as much detail as necessary to give clients an idea of the range of your skills and scope of your license/registration).
- G. Course of Action**- A statement that includes 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.
- H. Fee schedule, method of billing and terms of payment** – explained with words that are clearly understood.
- I. Fee modifications**– A statement outlining the extent to which you perform pro bono work or offer sliding scale modifications of the fee schedule;
- J. Insurance** – A statement outlining the extent to which your services can be paid for by insurance coverage, MaineCare and other third-party payment plans;
- K. Accountability** – A statement that reads “The practice of counseling is regulated by the Board of Counseling Professionals Licensure. The board is authorized by law to discipline counselors who violate the board’s law or rules. To learn about the complaint process, or to file a complaint against a counselor, contact:
- Complaint Coordinator  
Office of Professional and Occupational Regulation  
35 State House Station  
Augusta, ME 04333  
(207) 624-8660  
Web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)”



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

**DEGREE/INTERNSHIP VERIFICATION FORM**

To: Board of Counseling Professionals Licensure 35 State House Station Augusta, ME 04333-0035	Date: _____
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Student Name: _____	Student ID Number: _____	
Institution: _____		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____

Degree Verification	
Date of Graduation: _____	Program: _____
Degree Awarded: _____	Concentration of Degree Awarded: _____
Accreditation: _____	

Internship Verification		
Dates of Internship: _____	Direct Client Contact Hours: _____	Total Contact Hours: _____

**Internship Experience: Please indicate whether the counseling activities, setting and supervisor were or were not clinical in nature ("clinical" is defined as the diagnosis and treatment of mental health disorders).**

:Clinical  
:Non-Clinical

Signature of Person Verifying Degree/Internship: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_



STATE OF MAINE  
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**Board of Counseling Professionals Licensure**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

**SUPERVISOR'S AFFIDAVIT to VERIFY LICENSED EXPERIENCE**  
**To be completed by supervisor in accordance with Chapters 2 through 6 of the Board's Rules**

Check one: [ ] New Applicant [ ] Conditionally licensed			
Name of Applicant:			
Name of Approved Supervisor:		Supervisor's License Title:	Supervisor's License Number:
State of Licensure:	Original Date:	Expiration Date:	Years in Practice:
Facility or Agency:		Telephone (include area code):	
Mailing Address:			
City:	County:	State:	Zip Code:
<b>IN WHICH SPECIALTY AREA:</b> (Please check)		<b>SUPERVISION:</b> (List number of hours):	
Clinical Professional Counselor [ ]	Marriage and Family Therapist [ ]	Professional Counselor [ ]	Pastoral Counselor [ ]
		Individual _____	Group Supervision _____
		Total number of supervision hours _____	
<b>SUPERVISED EXPERIENCE</b> (List number of hours)*			
Hours of direct counseling with individuals _____ couples _____ families _____ groups _____			
Total hours of direct counseling _____			
Supervised experience in counseling other than the direct provision of counseling _____			
Total number of hours of supervised experience _____			
<b>On the supervisor's stationary, signed and dated, please comment on the following:</b>			
1. Please describe the applicant's functions in terms of prevention, diagnosis and treatment of mental illness/ disorders and psychosocial treatment. <b>(For the clinical licenses only – LCPC, LMFT, Pastoral).</b>			
2. Please state briefly the licensee's personal character, ethical conduct, and competence.			
3. Please comment on the licensee's ability to function as a counselor (i.e. strengths and weaknesses).			
I HEREBY ATTEST THAT THE ABOVE-NAMED APPLICANT IS/WAS UNDER MY SUPERVISION FROM THE PERIOD OF _____ TO _____. I ALSO ATTEST THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.			
Supervisor's Signature: _____		Date: _____	
Applicant's Signature: _____		Date: _____	



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**PROPOSED SUPERVISION PLAN**  
**CONDITIONAL LICENSURE**  
**Page 1 of 2**

Name of Applicant: \_\_\_\_\_

**SUPERVISION PLAN**

Name of Supervisor:		Title:
Supervisor's License Number:		First Date of Issue:
Facility or Agency:		Work Telephone Number <i>(include area code)</i> :
Mailing Address:		
City:	State:	Zip Code:

SUPERVISION MUST EQUAL 1 HOUR/30 HOURS OF DIRECT COUNSELING SERVICE.

**PLEASE DOCUMENT SPECIFIC PLANS THAT COVER THE FOLLOWING:**

(Use separate sheet if needed)

Goals of Plan:

Objectives of Plan:

If providing clinical supervision for a clinical license, please focus on diagnosis and treatment:

I HEREBY ATTEST THAT THE ABOVE NAMED APPLICANT IS UNDER MY SUPERVISION FOR THE PERIOD BEGINNING \_\_\_\_\_. I ALSO ATTEST THAT ALL OF THE INFORMATION ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROPOSED SUPERVISION PLAN  
CONDITIONAL LICENSURE**

Page 2 of 2

Name of Applicant:

Name of Supervisor:

**To be completed by supervisor:**

Number of years of counseling experience in the modality (e.g. clinical, marriage & family therapy, pastoral) which you intend to do supervision: \_\_\_\_\_

Answer one (1) or both of the following:

1. Describe training received in counseling supervision:

2. List the number of years and types of experiences in providing supervision to mental health professionals:

**Please provide a separate written statement detailing your supervision philosophy, orientation and experience. The request for supervision will not be completed without the written statement.**

I HEREBY ATTEST THAT ALL THE INFORMATION ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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**REQUEST FOR EXAMINATION**  
**APPLICANTS WHO APPLY FOR EXAMINATION MUST SUBMIT ALL MATERIALS REQUIRED**  
**BEFORE APPROVAL TO SIT FOR AN EXAMINATION WILL BE GRANTED.**

Please fill in the information requested below and **return this form** with all other required application materials to the Board at the above address.

Check Appropriate Category
<input type="checkbox"/> <b>NCE</b> (applicants for conditional licensure as a Professional, Clinical, or Pastoral Counselor)
<input type="checkbox"/> <b>NCMHCE</b> (applicants for full licensure as a Clinical Counselor or Pastoral Counselor)
<input type="checkbox"/> <b>MFT</b> (applicants for conditional/full licensure as a Marriage and Family Therapist)

If you require special accommodations, please fill out the **Accommodation Request Form** and return it with your application materials.

Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Telephone ( <i>work</i> ):		Telephone ( <i>home</i> ):
Date of Birth:		Today's Date:



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
BOARD OF COUNSELING PROFESSIONALS LICENSURE  
35 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0035  
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**Americans with Disabilities Act (ADA)**

## Request for Reasonable Accommodation

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your written permission.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Accommodations Requested for the \_\_\_\_\_ Examination.

Disability: \_\_\_\_\_

**Please check all that apply**

- Accessible Testing Site
- Separate Testing Site
- Braille
- Large Print
- Tape
- Reader as Accommodation for Visual Impairment
- Scribe/ Amanuensis as Accommodation for Visual or Motor Impairment
- Reader as Accommodation for Learning Disability
- Scribe/ Amanuensis as Accommodation for Learning Disability
- Sign Language Interpreter
- Extended Time
  - Time-and-a-half
  - Double time
  - More than double time (specify): \_\_\_\_\_
- Use of computer or Other Adaptive Equipment (specify): \_\_\_\_\_
- Other: \_\_\_\_\_

Signed and dated: \_\_\_\_\_

**DOCUMENTATION OF DISABILITY RELATED NEEDS**

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

**If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.**

I have known \_\_\_\_\_ since \_\_\_\_\_ in  
(Test applicant) (Date)

my capacity as a \_\_\_\_\_.  
(Professional Title)

This applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, providing the following should accommodate him/her:  
(check all that apply):

- Accessible Testing Site
- Separate Testing Site
- Braille
- Large Print
- Tape
- Reader as Accommodation for Visual Impairment
- Scribe/Amanuensis as Accommodation for Visual or Motor Impairment
- Reader as Accommodation for Learning Disability
- Scribe/Amanuensis as Accommodation for Learning
- Sign Language Interpreter
- Extended Time
  - Time-and-a-half
  - Double time
  - More than double time (specify): \_\_\_\_\_
- Use of Computer or other adaptive equipment (specify): \_\_\_\_\_
- Other: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ License # (if applicable): \_\_\_\_\_