

**STATE OF MAINE
BOARD OF COUNSELING PROFESSIONALS
LICENSURE**

**NCE OR NCMHCE EXAMINATION APPLICATION
TO QUALIFY FOR
CONDITIONAL OR FULL
CLINICAL PROFESSIONAL COUNSELOR LICENSURE**



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

Office Telephone: (207) 624-8623
Office Facsimile: (207) 624-8637
TTY USERS CALL MAINE RELAY 711
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

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://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>

APPLICATION PROCEDURE

- Please submit your application materials by mail or hand delivery to our offices. Submissions by fax or e-mail will not be accepted. The application will be reviewed in the order it was received.
- 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 examination.
- **Please do not call our office regarding the status of your application.** Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: <http://www.maine.gov/professionallicensing>. We appreciate your thoughtful attention to this request.

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

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?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes.
- **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.

Conditional License Examination

Applicants must submit the documentation and fees as outlined in the checklist below.

Note: 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 completed and signed Application;
- Payment of an examination qualification review fee of \$25.00;
- 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)

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.

Please note: Once you have passed the examination, you can submit an application for licensure.

Change of Status from Conditional to Full Licensure

Applicants must submit the documentation and fees as outlined in the checklist below.

- A completed and signed Application;
- Payment of an examination qualification review fee of \$25.00;
- A completed and signed Supervisor's Affidavit's Form(s).

Please note: Once you have passed the examination, you must submit an application for licensure.



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

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 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.

SIGNATURE	DATE
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Board of Counseling Professionals Licensure Examination	
<p>Please Select License Type:</p> <p><input type="checkbox"/> Clinical Professional Counselor, Full, NCMHCE (CC1421)</p> <p><input type="checkbox"/> Clinical Professional Counselor, Conditional, NCE (XL1421)</p> <p style="text-align: center;">Required Fee: \$25 (Non-refundable)</p>	<div style="border: 1px solid gray; padding: 5px; text-align: center;"> <p>Office Use Only: 1447 - \$25.00</p> </div> <div style="border: 1px solid gray; padding: 5px;"> <p style="text-align: right; font-size: small;"><i>Office Use Only:</i></p> <p>Check # _____</p> <p>Amount: _____</p> <p>Cash # _____</p> <p>Lic. # _____</p> </div>
Rev. 12/2019	

PAYMENT OPTIONS:
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>
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I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my VISA MASTERCARD DISCOVER AMERICAN EXPRESS the following amount: \$ _____

I understand that fees are non-refundable

Card number: XXXX-XXXX-XXXX-XXXX	Expiration Date <i>mm / yyyy</i>
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SIGNATURE	DATE
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Graduate Education
(Official transcripts must be submitted directly from Institution)

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

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

Undergraduate Education

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

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

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

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 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.

SIGNATURE: _____ DATE: _____



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

Examination Information

The National Counselors Examination

To qualify for conditional licensure as a Professional Counselor, a Clinical Professional Counselor, or a Pastoral Counselor, applicants must achieve a passing score on The National Counselor Examination (NCE) administered by NBCC. The computer-based NCE is offered monthly. After the Board approves your eligibility for examination, registration information will be sent to you.

- More information is available at the following website: <http://www.nbcc.org/>

The National Clinical Mental Health Counseling Examination

As of January 1, 2008, to qualify for full licensure as a Clinical Professional Counselor or a Pastoral Counselor, applicants must achieve a passing score on The National Clinical Mental Health Counseling Examination (NCMHCE) administered by NBCC. The computer-based NCMHCE is offered monthly. After the Board approves your eligibility for examination, registration information will be sent to you.

- More information is available at the following website: <http://www.nbcc.org/>



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35 STATE HOUSE STATION
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ACCOMMODATION REQUEST FORM

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 express written permission.

Please note: Some accommodation requests may require additional documentation (see next page).

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Telephone (include area code): _____

Accommodations Requested for the _____ Examination.

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: _____

SIGNATURE: _____ DATE: _____

DOCUMENTATION OF DISABILITY 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 my capacity as a
(test applicant) (date)

(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following (check all that apply):

- Taped test
- Large print test
- Reader
- Scribe/amanuensis
- Extended time
 - Time-and-a-half
 - Double time
 - More that double time (please justify) _____
- Separate Testing Area
- Use of Computer or Other Adaptive Equipment (please specify) _____
- Other (please specify) _____

SIGNATURE: _____ TITLE: _____

DATE _____ LICENSE # (if applicable) _____



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35 STATE HOUSE STATION
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SUPERVISOR'S AFFIDAVIT

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:
IN WHICH SPECIALTY AREA: (Please check)		SUPERVISION: (List number of hours):	
Clinical Professional Counselor []	Marriage and Family Therapist []	Professional Counselor []	Pastoral Counselor []
		Individual _____	Group Supervision _____
		Total number of supervision hours _____	
SUPERVISED EXPERIENCE (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 _____			
On the supervisor's stationary, signed and dated, please comment on the following:			
1. Please describe the applicant's functions in terms of prevention, diagnosis and treatment of mental illness/ disorders and psychosocial treatment. (For the clinical licenses only – LCPC, LMFT, Pastoral).			
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: _____	



STATE OF MAINE
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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).		
Signature of Person Verifying Degree/Internship: _____		
Printed Name: _____	Title: _____	
Department: _____	Date: _____	



STATE OF MAINE
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 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

Educational Requirements Worksheet for Licensed Clinical Professional Counselor
Complete this form ONLY if your Degree Program was not CACREP Accredited at the time of Graduation

Applicant's Name: _____ Applicant's School: _____

INSTRUCTIONS: Place the relevant course(s) from your transcripts into the appropriate category on the worksheet. A course cannot be used twice to fulfill more than one (1) content area. **NOTE:** You must attach a college catalog, description or syllabus to substantiate the specific material included in each course listed on the worksheet.

A minimum of three (3) credits in each of the following areas are required.

Content Area	Course No.	Course Title	Credits
1. Human Growth & Development			
2. Helping Relationships Note: Counseling skills & counseling theories must be covered			
3. Groups			
4. Measurement			
5. Research & Evaluation			
6. Diagnosis & Treatment			
7. Professional Orientation			
8. Social & Cultural Foundations			
9. Practicum			
10. Internship			

**Educational Requirements Worksheet for
Licensed Clinical Professional Counselor--cont'd**

Applicant's Name: _____ **Applicant's School:** _____

INSTRUCTIONS: Place the relevant course(s) from your transcripts into the appropriate category on the worksheet. A course cannot be used twice to fulfill more than one (1) content area. **NOTE:** You must attach a college catalog, description or syllabus to substantiate the specific material included in each course listed on the worksheet.

A minimum of three (3) credits in three (3) of the following areas are required.

Content Area	Course No.	Course Title	Credits
11. Lifestyle & Career Development			
12. Marriage & Family Therapy*			
13. Human Sexuality for Counselors			
14. Supervision			
15. Consultation			
16. Crisis Intervention			
17. Addictive Disorders*			
18. Treatment Modalities*			

* Denotes that up to six (6) semester hours may be used in one category in meeting the

PLEASE BE SURE TO INCLUDE THIS COMPLETED WORKSHEET WITH YOUR APPLICATION ONLY IF YOUR DEGREE PROGRAM WAS NOT CACREP ACCREDITED AT THE TIME OF GRADUATION.

NOTE: The following page contains the definitions of the above content areas

Educational Requirements for Licensed Clinical Professional Counselor

Chapter 3, Section 2

Human Growth and Development: Studies that provide an understanding of the nature and needs of individuals at different developmental levels throughout the life span.

Helping Relationships: Studies that provide an understanding of philosophic bases of helping processes, counseling theories and their applications, basic and advanced counseling skills, consultation theories and skills, self-understanding and self-development, and facilitation of client or consultee change.

Groups: Studies that provide an understanding of group development, dynamics, group counseling theories, group leadership styles, and group counseling methods and skills.

Measurement: Studies that provide an understanding of group and individual educational and psychometric theories and approaches to measurement, data and information-gathering methods, validity, reliability, psychometric statistics, factors influencing measurements, and use of measurement results in the helping process.

Research and Evaluation: Studies that provide an understanding of the types of research, basic statistics, research report development, research implementation, program evaluation, needs assessment, and ethical and legal considerations associated with research and evaluation.

Diagnosis and Treatment: Studies that provide an understanding of psychopathology, the diagnosis and statistical manual and its use in counseling, psychopathology, the development of treatment plans and the use of related services, and the role of assessment, intake interviews, and reports.

Professional Orientation: Studies that provide an understanding of professional roles and functions, professional organizations and associations, history and trends within the profession, ethical and legal standards, and professional preparation standards and professional credentialing.

Social and Cultural Foundations: Studies that provide an understanding of the development of multicultural awareness, cultural foundations of human growth and development, and cultural values and traditions covering the life span.

Practicum: A course of clinical instruction is required that provides practical experience in counseling for the purpose of developing individual counseling skills and for developing of group counseling skills. These experiences allow students to perform, on a limited basis, some of the counseling activities that a regularly employed Licensed Clinical Professional Counselor would be expected to perform.

Internship: A full academic year of supervised clinical counseling experience consisting of at least 900 clock hours, including a minimum of 360 clock hours of direct client contact. The internship provides an opportunity for the student to perform all the activities that a regularly employed clinical counselor would be expected to perform.

Educational Requirements for Licensed Clinical Professional Counselor-cont'd

Chapter 3, Section 2

Lifestyle and Career Development: Studies that provide an understanding of career development theories, occupational and educational information services, career counseling, and career decision-making.

Marriage and Family Counseling: Up to six (6) semester hours of study that provide an understanding of the structure and dynamics of the family, and methods of marital and family intervention and counseling.

Human Sexuality for Counselors: Studies that provide an understanding of human sexual function and dysfunction, the relationship between sexuality, self-esteem, sex roles and life styles over the life cycle, and counseling treatment approaches and techniques.

Supervision: Studies that provide an understanding of approaches and conceptual models, individual and group supervision, clinical evaluation, and ethical and legal considerations.

Consultation: Studies that provide an understanding of consultation skills, evaluation of organizational structure and individual client management, and theoretical orientation.

Crisis Intervention: Studies that provide an understanding of the theory and practice of crisis intervention, short-term crisis counseling strategies, and the responsibilities of all those involved in the intervention.

Addictive Disorders: Up to six (6) semester hours of study that provide an understanding of the stage, processes, and effects of addictions, social and psychological dynamics of chemical dependency, and the professional's role in prevention, intervention, and aftercare.

Treatment Modalities: Up to six (6) semester hours of study that provide an understanding of specific treatment approaches (for example, cognitive, client-centered, expressive therapy, feminist).