

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

**APPLICATION FOR FULL OR CONDITIONAL  
CLINICAL PROFESSIONAL COUNSELOR LICENSE  
AFTER PASSING EXAMINATION**



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](http://www.maine.gov/professionallicensing)

Office located at: 76 Northern Avenue, Gardiner, Maine

Revised 12/2019

## **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 licensure.
- **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](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?** 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.

## **Full/Conditional Licensure**

**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 a Licensure fee \$200;
- Payment of a Criminal History Check fee of \$21.00;

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

- Examination Results (if not on file);
- 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 lookups are acceptable);

### **Conditional Licensure:**

- A completed Proposed Supervision Plan Form.



**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>Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)</b>  |             |
| 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. |             |
| <b>SIGNATURE</b>  | <b>DATE</b> |

|   |  |
|---|--|
| <b>Board of Counseling Professionals Licensure</b>  |  |
| <b>Please Select License Type:</b>  |  |
| <input type="checkbox"/> Clinical Professional Counselor, Full (CC1421)                   |  |
| <input type="checkbox"/> Clinical Professional Counselor, Conditional (XL1421)            |  |
| <b>Required Fee: \$221 (Non-refundable)</b>   |  |
| Rev. 12/2019  |  |
| <b>Office Use Only:</b><br>1421 - \$200.00 (XL, CC)<br>2619 - \$21.00                     |  |
| <i>Office Use Only:</i><br>Check # _____<br>Amount: _____<br>Cash # _____<br>Lic. # _____ |  |

|   |                            |                       |                  |
|---|----------------------------|-----------------------|------------------|
| <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>      |
| I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS the following amount: \$ _____ |                            |                       |                  |
| <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>                |                       |                  |

| Employment Information |   |           |
|------------------------|---|-----------|
| Workplace Name:        | Work Phone <i>(include area code)</i> : |           |
| Mailing Address:       |   |           |
| City:                  | State:                                  | Zip Code: |
| Supervisor:            | Supervisor's Licensure Type and Number: |           |
| Dates Employed:        |   |           |

| 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:<br><input type="checkbox"/> Pass <input type="checkbox"/> Fail |

|             |  |
|-------------|--|
| Exam Title: | Location:  |
| Date Taken: | Select One:<br><input type="checkbox"/> Pass <input type="checkbox"/> Fail |

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

**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: \_\_\_\_\_

## SUGGESTED FORMAT FOR 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)”