STATE OF MAINE
BOARD OF COUNSELING PROFESSIONALS LICENSURE

EDNDORSMENT/ STANDARD APPLICATION FOR FULL OR CONDITIONAL LICENSURE AS A:

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

Office located at: 76 Northern Avenue, Gardiner, Maine

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.

Licensure for Applicants Licensed in Another Jurisdiction

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 three (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:

- ☐ A completed and signed Application;
- ☐ 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:

- ☐ A completed and signed Application;
- ☐ 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.

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/almsquery/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.

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 *FIRST* *MIDDLE INITIAL* *LAST*			
ANY OTHER NAMES EVER USED			
DATE OF BIRTH *mm / dd / yyyy*	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**

Board of Counseling Professionals Licensure

Please Select License Type:
($221.00 Total Fee, includes Application, License, and Criminal History Records Check Fee)

- ☐ Clinical Professional Counselor, Full (CC1421)
- ☐ Professional Counselor, Full (PC1421)
- ☐ Marriage and Family Therapist, Full (MF1421)
- ☐ Pastoral Counselor, Full (LP1421)

- ☐ Clinical Professional Counselor, Conditional (XL1421)
- ☐ Professional Counselor, Conditional (XC1421)
- ☐ Marriage and Family Therapist, Conditional (XM1421)
- ☐ Pastoral Counselor, Conditional (XP1421)

Rev. 12/2019

Office Use Only:
1421 - $200.00
2619 - $21.00

Office Use Only:
Check #_____
Amount:_____
Cash #_____
Lic. #_____

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) *FIRST* *MIDDLE INITIAL* *LAST*

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 *mm / yyyy*

SIGNATURE **DATE**

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:	

Employment Information		
Workplace Name:	Work Phone *(include area code)*:	
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: [ ] Pass [ ] Fail

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

Check Appropriate Category
☐ **NCE** (applicants for conditional licensure as a Professional, Clinical, or Pastoral Counselor)
☐ **NCMHCE** (applicants for full licensure as a Clinical Counselor or Pastoral Counselor)
☐ **MFT** (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 *(work)*:	Telephone *(home)*:	
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

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: _____

Published under appropriation 01402A4350012 **Revised 12/2019**
35 State House Station, Augusta ME 04333 Website: www.maine.gov/professionallicensing

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) _____

Published under appropriation 01402A4350012 **Revised 12/2019**
35 State House Station, Augusta ME 04333 Website: 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

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)

Clinical Professional Counselor [ ]
Marriage and Family Therapist [ ]
Professional Counselor [ ]
Pastoral Counselor [ ]

SUPERVISION: (List number of hours):

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

PROPOSED SUPERVISION PLAN
CONDITIONAL LICENSURE

Name of Applicant:

SUPERVISION PLAN

Name of Supervisor:		Title:
Supervisor's License Number:		First Date of Issue:
Facility or Agency:		Work Telephone Number *(include area code)*:
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: _____

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: _____

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:

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: _____

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"