

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

**NCE EXAMINATION APPLICATION
TO QUALIFY FOR
CONDITIONAL LICENSED PROFESSIONAL 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

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 mail. **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.

Conditional License Examination

Please read and review Chapter 2 of the Board's Rules. 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:

- ❑ A completed and signed Application;
- ❑ Payment of an Application fee of \$25.00;
- ❑ A copy of your Official Transcript indicating earned/conferred degree
- ❑ 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 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;

Please note:

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

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.



**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	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
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	

<p>Board of Counseling Professionals Licensure Examination</p> <p>Please Select License Type:</p> <p><input type="checkbox"/> Pastoral Counselor, Conditional (XP1421)</p> <p style="text-align: center;">Required Fee: \$25 (Non-refundable)</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Office Use Only: 1447 - \$25.00</div> <div style="border: 1px solid black; padding: 5px;"><p style="text-align: right; margin: 0;"><small>Office Use Only:</small></p>Check # _____ Amount: _____ Cash # _____ Lic. # _____</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>
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"/> I understand that fees are non-refundable			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
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:

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

Exam Title:	Location:
Date Taken:	Select One: <input type="checkbox"/> Pass <input type="checkbox"/> 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
AND FINANCIAL REGULATION
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/>



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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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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	[]	Individual	_____
Marriage and Family Therapist	[]	Group Supervision	_____
Professional Counselor	[]	Total number of supervision hours	_____
Pastoral Counselor	[]		
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: _____	



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AUGUSTA, MAINE
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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: _____	



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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	Credit Hours	
			Qrt.	Sem.
1. Human Growth and Development				
2. Social and Cultural Foundations				
3. Helping Relationships				
4. Groups				
5. Lifestyle and Career Development				
6. Measurement				
7. Research and Evaluation				
8. Professional Orientation				
9. Practicum				
10. Internship				

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 PROFESSIONAL COUNSELOR

Chapter 2, 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.

Social and Cultural Foundations: Studies that provide an understanding of societal changes and trends, human roles, social mores, and interaction patterns, and differing life styles.

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.

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

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 consideration associated with research and evaluation.

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.

Practicum: A course of instruction that provides practical experience in counseling for the purpose of developing individual and group counseling skill. These studies include some counseling activities that a regularly employed licensed professional counselor would be expected to perform.

Internship: A supervised counseling experience of at least 600 clock hours. The internship provides an opportunity for the student to perform all the activities that a regularly employed counselor would be expected to perform.