LOUISIANA
Licensed Professional Counselors Board of Examiners

Provisional Licensed Professional Counselor (PLPC) Application

General Instructions:

- In order to apply as a PLPC, you must complete the Provisional Licensed Professional Counselor (PLPC) application. **All sections (1, 2, and 3)** of the application must be completed and approved by the Board before using the title PLPC. Furthermore, you must first be approved as a PLPC to practice mental health counseling and to begin accruing supervised experience hours towards full licensure as a Licensed Professional Counselor (LPC).
- A fee of $100 must accompany submission of the PLPC application to the Board. The fee must be paid in the form of a Money Order, Cashier's Check, or Certified Check. Personal Checks will **not** be accepted, and will be returned to the applicant.
- If you are an **out-of-state PLPC applicant** and requesting transfer of any supervised experience hours, a fee of $150 must accompany submission of the PLPC application to the Board. Additionally, an official credential verification and file copy (including documentation of supervised experience) from all jurisdictions in which you have practiced must be submitted.
- Official graduate transcript(s) of all coursework must be forwarded directly to the Board office from each college or university. Please do not submit undergraduate transcripts.
- A copy of your Declaration of Practices and Procedures must be submitted with this Application. Guidelines for writing your Declaration of Practices and Procedures (DOP) and a sample DOP are available on the Board website.
- If you choose to submit **a section of the PLPC** application, you will **not** need to re-submit the application fee if the application is completed and approved by the Board within one (1) year of the initial submission date.
- Applications sent via fax or electronically will **not** be accepted. An **original** application with original signatures are required.
- All forms, fees, and transcripts may be mailed to the Board at the following address:

  Louisiana LPC Board of Examiners
  8631 Summa Avenue
  Baton Rouge, LA 70809
- Additional information may be obtained by contacting the Board by:

  Phone: (225) 765-2515
  Fax: (225) 765-2514
  Email: lpcboard@eatel.net
  Website: www.lpcboard.org

- Please note that when making inquiries to the Board, staff members are **unable to pre-approve any applications.** Please consult the Board's website to obtain any applicable laws/rules in answering your inquiries. Official inquiries to the Board may be made in writing via email or regular mail.

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Applicant Information:

Applicant's Name: _____
(First) (Middle/Maiden) (Last)

Home Address: _____
(Street)

_____
(City/State) (Zip Code)

Telephone: _____ _____ _____
(Home) (Work) (Cell)

Email: _____
Would you like this email address to be listed on the website? Yes ☐ No ☐

Address you prefer to be used for all mail correspondence: ☐ Home ☐ Work

Address you prefer to be placed on the LPC Board Website: ☐ Home ☐ Work ☐ None

Social Security Number: _____ Date of Birth: _____

1. Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo to a crime (felony or misdemeanor) in any court, excluding minor traffic violations? Yes ☐ No ☐

2. Do you have any pending legal charges, which may affect your status as a PLPC? Yes ☐ No ☐

3. Have you had a professional license, registration and/or certificate in any state to be voluntarily or involuntarily relinquished, restricted, revoked, suspended, or denied? Yes ☐ No ☐

4. Have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board? Yes ☐ No ☐

5. Have you used or are you currently using any narcotics, controlled substances, or any alcoholic beverage in a manner that is dangerous to the public or in a manner that impairs your ability to provide mental health services to the public? Yes ☐ No ☐

6. Do you have a medical condition which may in any way impair or limit your ability to practice professional counseling or therapy with reasonable skill and safety? Yes ☐ No ☐

If you have answered yes to any of the above, please attach a separate sheet with a notarized explanation including dates, charges, court or regulatory authority, and an explanation of the situation including documentation of successful resolution of the charges and/or proof of felony expungement (if applicable).

Provisional Licensed Professional Counselor (PLPC) Application

Section 1: Academic Background

Please Select One:

I am a first time PLPC applicant. ☐

My academic background (Section 1) has previously been approved by the LA LPC Board. ☐

Other_____ ☐

Educational Requirements:

Name on Transcript: _____

University/College:_____

Qualifying Degree: _____

Date of Graduation: _____ Hours in Degree: _____

☐ I hold a master's or doctoral degree the substance of which is professional mental health counseling from a regionally accredited educational institution, also accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

☐ I hold a master's or doctoral degree the substance of which is professional mental health counseling from a regionally accredited educational institution. (Example: Southern Association of Colleges and Schools (SACS))

****If your educational institution is NOT accredited by CACREP, please have your graduate program send a signed letter directly to the Board documenting the required hours for both your practicum and internship.** A minimum of 100 clock hours in your mental health counseling practicum and 300 clock hours in your mental health counseling internship is required, including a minimum of 40 hours in your practicum and 120 hours in your internship of direct counseling/psychotherapy with individuals or groups, a minimum of 1 hour per week of individual supervision and a minimum of 1 ½ hours per week of group supervision with other students in similar practical or internships. (Please see Chapter 5 of the Rules for a complete list of the practicum and internship requirements. §503 (A)(a)(i) and §503 (A)(a)(ii))

Qualifying Courses for 8 Content Areas:

Please list the course number and title from your transcript for each of the required content areas listed below that you wish to be considered for approval of this application. For a description of the content areas, see Board Rules §603 (A)(5)(a). **If the content of the course is not evident from the course title, please submit additional documentation providing a description of the course content.** Acceptable documentation may include: university/college catalogue course description, course syllabus, a letter from the professor who taught the course and may attest to the content, or a letter from a current professor of the university/college who may attest to the course content. Transcripts must show you have received at least **three (3)** graduate credit hours for all required courses and have obtained a grade **no lower than a "C"** for each required course.

1. **Counseling/Theories of Personality:** _____
2. **Human Growth and Development:** _____
3. **Abnormal Behavior:** _____
4. **Techniques of Counseling:** _____

5. **Group Dynamics, Processes, and Counseling:** _____
6. **Lifestyle and Career Development:** _____
7. **Appraisal of Individuals:** _____
8. **Ethics:** _____

Mental Health Counseling Practicum: _____

Mental Health Counseling Internship: _____

Exam:

Have you taken the National Counselor Examination (NCE) or the National Clinical Mental Health Counseling Examination (NCMHCE)? Yes ☐ No ☐

Name of Exam Taken: _____

Date Exam was Taken: _____ Score: _____

Please note: The NCE/NCMHCE is **not required** prior to the submission of the PLPC application; however, the NCE or NCMHCE must be passed prior to approval of full licensure as a LPC. If you have taken the NCE or NCMHCE, please ensure that your scores will be sent **directly** from the National Board of Certified Counselors (NBCC) prior to your application for full licensure. If approved as a PLPC, you will be required to submit proof of attempt of passage of the NCE or NCMHCE directly from NBCC at the time of renewal of your provisional license.

Section 2: Board-Approved Supervisor Information

Please Select One:

I am a first time PLPC applicant. ☐

My Board-Approved Supervisor (Section 2) has previously been approved by the LA LPC Board. ☐

Other_____ ☐

LPC-Supervisor's Name: _____
(First) (Middle/Maiden) (Last)

Place of Employment: _____

Work Address: _____
(Street)

_____
(City/State) (Zip Code)

Telephone: _____ _____ _____
(Home) (Work) (Cell)

Email: _____

Is the Supervisor a relative of the applicant? Yes ☐ No ☐

If yes, please state relationship: _____

Plan-of-Supervision:

- The Plan of Supervision is a written agreement that establishes the supervisory framework for the PLPC's postgraduate clinical experience and describes the expectations and responsibilities of the supervisor and the supervisee.
- The supervisor and the supervisee must discuss the expectations and responsibilities of each party and complete the remainder of this form.
- If a PLPC has more than one approved supervisor, this form must be completed for all approved supervisors.

Date upon which supervision is to begin: _____

Expected date of conclusion of supervision: _____

Location where Supervision will be Conducted (Please check all that apply):

☐ Supervisor's Office

☐ Supervisee's Practice Setting

☐ Other (Please specify): _____

Frequency of Face-to-Face Supervision with Supervisor:

☐ Weekly ☐ Every Other Week ☐ Other (Specify) _____

What is the duration of a typical supervision session? _____

Type of Face-to-Face Supervision that will be utilized (Check all that apply):

☐ Individual Supervision (Supervision of 1 supervisee by one supervisor)

Expected Frequency:_____

☐ Group Supervision (Supervision of up to 10 supervisees by one supervisor)

Expected Frequency:_____

Indicate the content areas for supervision that have been discussed and agreed upon by both supervisor and supervisee:

Content Area	Yes	No
1. The role and responsibilities of the supervisor and supervisee in the supervision process.	☐	☐
2. The supervisor's style of supervision.	☐	☐

3. The agreed upon theoretical orientation for the supervision. ☐ ☐
4. How confidentiality will be maintained and limits of confidentiality. ☐ ☐
5. Confidentiality issues and coordination involved in working with any other clinical and/or administrative supervisors who might be involved in the practice setting. ☐ ☐
6. Any issues, rules, regulations specific to institution/agency in which therapy and/or supervision will be conducted such as rules on video/audio taping, removal of case records, etc. ☐ ☐
7. How feedback will be provided to one another. ☐ ☐
8. How learning objectives will be established and how those objectives will be changed if needed. ☐ ☐
9. Evaluation procedures including when formal evaluations will take place, how the evaluations will be documented, and what criteria will be used in the evaluation process. ☐ ☐
10. How impasses/blocks/disagreements will be handled and the procedure if either supervisor or supervisee decide to terminate the supervisory relationship. ☐ ☐
11. Reporting requirements and emergency procedures for high-risk or abusive clients. ☐ ☐
12. Procedure the supervisee will take in case of emergencies, including the first step the supervisee needs to take, how the supervisee can reach the supervisor, mandated reporting, etc. ☐ ☐
13. The required ethical code(s) of the supervisor and the supervisee, including what codes besides the Code of Conduct for Licensed Professional Counselors in Louisiana the supervisee must abide by and what to do if these ethical codes differ. ☐ ☐
14. Record keeping, including how records of supervision will be kept, both session noted and log of supervision. ☐ ☐
15. Use of Declaration of Practices and Procedures. ☐ ☐

Please add any information that has not been covered which you believe is important to this plan of supervision.

_____

_____

_____

Section 3: PLPC Practice Setting Information

Practice Setting/Place of Employment:

- Please complete the following for the setting in which you will complete your supervised experience hours. You may attach an additional sheet if necessary. Please be advised that you may not practice independently as a PLPC unless you are licensed to practice counseling by another mental health discipline.
- **Please Check One:** ☐ Private Practice Setting ☐ Non-Private Practice Setting

Name of Setting: _____

Address of Setting: _____
(Street)

_____
(City/State) (Zip Code)

Initial Employment Date: _____

Job Title at time of Initial Employment Date: _____

Job Duties at time of Initial Employment Date: _____

_____

Will your Title at setting change if approved as PLPC?: Yes ☐ No ☐

If yes, please provide Proposed Title: _____

Will your Duties at setting change if approved as PLPC?: Yes ☐ No ☐

If yes, please provide Proposed Duties: _____

_____

Total hours per week applicant will be working: _____

Anticipated date for completion of required supervised hours: _____

Name, Title, and Credentials of ***Administrative*** Supervisor:

_____

Is there a Licensed Mental Health Professional (e.g. LPC, LMFT, LCSW) **employed by this professional setting who is available for case consultation and processing**?

☐ YES ☐ NO

If yes, please list Name, Title and Credentials of LMHP: _____

Identify any individuals who have an ownership interest in the practice setting, including degree and licensure information.

_____

Describe briefly the nature of the practice setting where your supervised experience will take place. If available, please include any literature such as a brochure, pamphlet, or other written information with your application.

_____

_____

_____

Describe the nature of the counseling duties to be performed by the applicant. Please include range of clients, nature of presenting problems and any other demographic data that may be pertinent.

_____

_____

_____

Describe the type of assessment procedures to be utilized, therapeutic approaches to be employed, and typical interventions, which may be utilized.

_____

_____

_____

Describe the nature of the supervision with your Board-Approved Supervisor. Will the supervisor review tapes, applicant's case notes, use group sessions with other professionals, seminars, etc.?

_____

_____

_____

Please Note: Completed applications must be submitted to the Board office by the Application Submission Deadline in order to be considered on the Application Review Date. Expedited application processing is available; please visit http://www.lpcboard.org/expedited.htm for more information.

Attestation of PLPC Applicant:

With my signature below, I attest that the information provided in this application is correct. I will adhere to the requirements regarding supervised counseling experience as stated in Chapter 6, Section 605 of the Board Rules. I understand that once I am approved as a Provisional Licensed Professional Counselor, I must remain under the active supervision of my Board-Approved LPC-S until fully licensed as a LPC, even after the completion of the minimum supervised experience requirements. I understand that the minimum supervised experience requirement of 3,000 hours must be obtained in no less than 2 years and in no more than 6 years. In the event that I change supervisors and/or upon application for full licensure, I understand that it is my responsibility to submit a Documentation of Experience Form to my Board-Approved LPC-S for completion. I understand that I must notify the Board and my Board-approved LPC-S of any practice setting changes, including address and phone number changes, by submitting the PLPC Change of Practice Setting Application and updated Declaration of Practices and Procedures to the Board; or be subject to **a fine and forfeiture of accrued supervision hours at such setting**. I certify that I have read and am familiar with the Code of Conduct and standards of practice of the Louisiana LPC Board.

_____

Signature of PLPC Applicant

_____

Printed Name of PLPC Applicant

_____

Date

Attestation of Board-Approved LPC Supervisor:

I have reviewed this proposal for supervised professional mental health counseling experience and accept this applicant and agree to supervise this applicant an the above described practice setting, once approved by the Board as a Provisional Licensed Professional Counselor. I will adhere to the requirements regarding supervised counseling experience as stated in Chapter 6, Section 605 of the Board Rules. I understand that a Provisional Licensed Professional Counselor must remain under the active supervision of their Board-Approved LPC-S until fully licensed as a LPC, even after the completion of the minimum supervised experience requirements. If my supervision of this Provisional Licensed Professional Counselor terminates for any reason, I will inform the Licensed Professional Counselors Board of Examiners in writing and submit a completed Documentation of Experience Form immediately.

_____

Signature of LPC Board-Approved Supervisor

_____

Printed Name of LPC Board-Approved Supervisor

_____

Date

For Board Staff Use Only:

Date Approved: _____

PLPC#: _____