



APPLICATION INSTRUCTIONS FOR PRE-REVIEW OF EDUCATION TOWARD LPC LICENSURE

- Completed Application:** To avoid delays, please provide a complete application packet. Incomplete packets will not be evaluated by the Credential Reviewer.
- Application Fee:** A fee of \$75.00 is required for an application to be processed. All fees must be paid by check or money order made payable to the “Treasurer of Virginia”. This fee is non-refundable. The application is valid for one year from date of receipt.

The below supplemental documentation must accompany your application and fee in one packet:

- Verification of Education:** An official graduate degree transcript with conferral date is required. Electronic transcripts must be emailed directly to the Board.
- Verification of Required Coursework and Internship:** To be completed by your graduate program and sent to the Board within your application packet.
- Degree Information:** If applicable, you will need to submit the following information if your degree is **not** CACREP or CORE accredited and your degree is **not** specifically in the practice of counseling:
 1. Evidence (letter or printed information from website) that degree program had the express intent to prepare counselors.
 2. Evidence that degree program had an identifiable counselor training faculty (licensed LPC faculty) with an identifiable body of students.
 3. Degree program had clear authority and primary responsibility for the core and specialty areas.

Please note:

The pre-review of education application is only to provide education guidance and is not an application for licensure with the Board nor is the application a pre-requisite for licensure. Therefore, any guidance provided during the pre-review education process is not a case decision under the Virginia Administrative Process Act and cannot be appealed.

The guidance provided in this review is based on the current regulations. You will be required to meet the minimum requirement of the regulations that are in effect at the time you apply for licensure.



PRE-REVIEW OF EDUCATION TOWARD LPC LICENSURE

(PLEASE PRINT IN BLUE OR BLACK INK)

FIRST NAME		MIDDLE NAME		LAST NAME AND SUFFIX	
DATE OF BIRTH MM DD YY		SOCIAL SECURITY NO. OR VA CONTROL NO.*			
ADDRESS OF RECORD**: STREET			CITY	STATE	ZIP CODE
ALTERNATE PUBLIC ADDRESS***: STREET			CITY	STATE	ZIP CODE
HOME PHONE:		WORK PHONE:		MOBILE PHONE:	
E-MAIL ADDRESS					
DEGREE EARNED	DATE DEGREE RECEIVED	MAJOR	INSTITUTION NAME/STATE		

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the process of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities.

**The address information you provide is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address, this information is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose.

***This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

I ATTEST THAT THE INFORMATION CONTAINED WITHIN THE APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THE PRE-REVIEW OF EDUCATION FORM IS ONLY TO PROVIDE EDUCATION GUIDANCE BASED ON THE CURRENT REGULATIONS. I UNDERSTAND THAT THIS FORM IS NOT AN APPLICATION FOR LICENSURE WITH THE BOARD OF COUNSELING. I UNDERSTAND THE GUIDANCE PROVIDED IS NOT A CASE DECISION UNDER THE VIRGINIA ADMINISTRATIVE PROCESS ACT AND CANNOT BE APPEALED.

APPLICANTS'S SIGNATURE:

DATE:



VERIFICATION OF REQUIRED COURSEWORK AND INTERNSHIP FOR
LPC LICENSURE

TO BE COMPLETED BY THE APPLICANT

APPLICANT'S NAME (LAST, FIRST, MIDDLE)	
APPLICANT'S STUDENT ID NUMBER	APPLICANT'S SOCIAL SECURITY NUMBER OR VA DMV NUMBER

TO BE COMPLETED BY GRADUATE SCHOOL PROGRAM OFFICIAL OR ADMINISTRATION OFFICE

Please verify in the table below that the required coursework was successfully completed by the applicant by listing the relevant required core courses taken. All courses are required and must be graduate level from a college or university approved by a regional accrediting agency or CACREP. Do not list courses that are not directly related to counseling. If a course title is not clearly indicative on the transcript, please attach college catalog description(s) or course syllabi. **A graduate course cannot be counted for more than one core area.** All information provided is subject to Board review and approval. (See attached documents will not be considered)

- Professional counselor identity, functions and ethics.** This course provides a foundation in professional counselor identity and ethical practice, including the study of the history and philosophy of the counseling profession, professional counselor function and credentialing and ethical standards for practice in the counseling profession.

Course Code	Course Title	Semester or Quarter Hours	College/University

- Theories of Counseling and Psychotherapy.** This course provides an overview of the basic tenets and applications of currently preferred theories of counseling and psychotherapy including the study of humanistic, cognitive-behavioral, psychodynamic and post-modern theoretical orientations.

Course Code	Course Title	Semester or Quarter Hours	College/University

- Counseling and Psychotherapy Techniques.** This course provides a didactic and experiential overview of basic techniques used in the counseling process including establishing the counseling relationship, setting treatment goals, applying listening and interviewing skills, initiating termination and referral, and recognizing parameters and limitations of the treatment process.

Course Code	Course Title	Semester or Quarter Hours	College/University

- Human Growth and Development.** This course provides an overview of contemporary theoretical perspectives regarding the nature of developmental needs and tasks from infancy through late adulthood, the influences of development on mental health and dysfunction and the promotion of healthy development across human life span.

Course Code	Course Title	Semester or Quarter Hours	College/University



5. **Group Counseling and Psychotherapy, Theories and Techniques.** This course provides a didactic and experiential overview of group counseling process and dynamics, contemporary group counseling theories, and group counseling leadership skills including group selection, group formation, group interventions and group evaluation.

Course Code	Course Title	Semester or Quarter Hours	College/University

6. **Career Counseling and Development Theories and Techniques.** This course provides an overview of career development and counseling including study of factors influencing career development, contemporary theories of career decision-making, career assessment and group and individual career counseling techniques.

Course Code	Course Title	Semester or Quarter Hours	College/University

7. **Appraisal, Evaluation and Diagnostic Procedures.** This course introduces students to the selection, administration; scoring and interpretation of contemporary psychological assessments used by professional counselors and includes the study of formal and information assessment procedures, basic test statistics, test validity and reliability, and the use of test findings in the counseling process.

Course Code	Course Title	Semester or Quarter Hours	College/University

8. **Abnormal Behavior and Psychopathology.** This course provides students with an overview of the major categories of mental disorders including study of their etiology and progression, their prevalence and impact on individuals and society, their diagnosis according the DSM-V and the use of diagnosis in treatment planning and counseling intervention.

Course Code	Course Title	Semester or Quarter Hours	College/University

9. **Multicultural Counseling.** This course provides students with an overview of the diverse social and cultural contexts that influence counseling relationships (e.g., culture, race, ethnicity, age, gender, SES, sexual orientation) including the study of current issues and trends in a multicultural society, contemporary theories of multicultural counseling, the impact of oppression and privilege on individuals and groups and personal awareness of cultural assumptions and biases.

Course Code	Course Title	Semester or Quarter Hours	College/University

10. **Research.** This course provides students with an overview of the principles and processes of performing counseling research including the study of quantitative and qualitative research designs and methods, methods of statistical analysis used in research, and reading and interpreting research results.

Course Code	Course Title	Semester or Quarter Hours	College/University



11. **Diagnosis and Treatment of Addictive Disorders.** This course provides students with an overview of addictive disorders including the study of contemporary theories of addictive behavior, pharmacological classification of addictive substances, assessment of addictive disorders and currently preferred models of addictions treatment.

Course Code	Course Title	Semester or Quarter Hours	College/University

12. **Marriage and Family Systems Theory.** This course provides students with an overview of counseling with couples and families include the study of the rationale for family therapy intervention, the dynamics of general systems theory, the states of family life-cycle development, and contemporary theories of family therapy intervention.

Course Code	Course Title	Semester or Quarter Hours	College/University

13. **Supervised Internship.** This course provides students with a minimum of 600 hours of experience in a clinical field placement including (but not limited to) 240 hours of face-to-face client contact.

Course Code	Course Title	Semester or Quarter Hours	College/University



VERIFICATION OF DEGREE AND INTERNSHIP FOR LPC LICENSURE

TO BE COMPLETED BY STUDENT	
APPLICANT'S NAME (LAST, FIRST, MIDDLE)	
APPLICANT'S STUDENT ID NUMBER	APPLICANT'S SOCIAL SECURITY NUMBER OR VA DMV NUMBER
TO BE COMPLETED BY GRADUATE PROGRAM	
1. Is the college or university approved by a regional accrediting agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did the graduate degree program prepare individuals to practice counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Was the applicant's graduate degree program CACREP or CORE accredited at the time of the applicant's graduation? (If yes, skip to question #7)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did the graduate degree program have a sequence of academic study with the expressed intent to prepare individuals to practice counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did the degree program have identifiable counselor training faculty and an identifiable body of students who completed a counseling academic study?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did the academic unit have clear authority and primary responsibility for the core and specialty areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Did internship begin after completion of 30 graduate semester hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Total number of supervised internship hours:	
9. Total face-to-face client contact internship hours:	
10. What type of licensure did the internship supervisor hold?	
11. Number of individual supervision hours during internship?	
12. Number of group supervision hours during internship?	
13. If applicable, total direct client contact hours with couples and/or families : (For LMFT licensure)	
14. If applicable, total direct client contact hours treating substance abuse-specific treatment problems: (For LSATP licensure)	
NAME OF SCHOOL	
NAME OF PROGRAM OFFICIAL	TITLE
EMAIL ADDRESS OF SCHOOL OFFICIAL	PHONE NUMBER OF SCHOOL OFFICIAL
SIGNATURE OF SCHOOL OFFICIAL	DATE