



APPLICATION INSTRUCTIONS FOR PRE-REVIEW OF EDUCATION TOWARD LSATP 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 accredited and your degree is not specifically in the practice substance abuse treatment or related counseling discipline:
 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 LSATP 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
LSATP 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 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. All information provided is subject to Board review and approval. **The applicant must have three (3) graduate semester hours or four (4) graduate quarter hours in core courses 1-9 listed below. The applicant must have completed twelve (12) graduate semester credit hours or eighteen (18) graduate quarter hours in course cores 10-14 listed below. One course may satisfy study in more than one content area.**

1. **Professional identity, functions and ethics.**

Course Code	Course Title	Semester or Quarter Hours	College/University

2. **Theories of Counseling and Psychotherapy.**

Course Code	Course Title	Semester or Quarter Hours	College/University

3. **Counseling and Psychotherapy Techniques.**

Course Code	Course Title	Semester or Quarter Hours	College/University

4. **Group Counseling and Psychotherapy, Theories and Techniques.**

Course Code	Course Title	Semester or Quarter Hours	College/University

5. **Appraisal, Evaluation and Diagnostic Procedures.**

Course Code	Course Title	Semester or Quarter Hours	College/University



6. **Abnormal Behavior and Psychopathology.**

Course Code	Course Title	Semester or Quarter Hours	College/University

7. **Multicultural Counseling and Theories and Techniques.**

Course Code	Course Title	Semester or Quarter Hours	College/University

8. **Research.**

Course Code	Course Title	Semester or Quarter Hours	College/University

9. **Marriage and Family Systems Theory.**

Course Code	Course Title	Semester or Quarter Hours	College/University

10. **Assessment, Appraisal, Evaluation and Diagnosis Specific to Substance Abuse.**

Course Code	Course Title	Semester or Quarter Hours	College/University

11. **Treatment Planning Models, Client Case Management, Interventions and Treatments to Include Relapse Prevention, Referral Process, Step Models and Documentation Process.**

Course Code	Course Title	Semester or Quarter Hours	College/University

12. **Understanding Addictions: The Biochemical, Sociocultural and Psychological Factors of Substance and Abuse.**

Course Code	Course Title	Semester or Quarter Hours	College/University

13. **Addictions and Special Populations Including, But Not Limited to, Adolescents, Women, Ethnic Groups and the Elderly.**

Course Code	Course Title	Semester or Quarter Hours	College/University



14. **Client and Community Education.**

Course Code	Course Title	Semester or Quarter Hours	College/University

15. **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 of which 200 hours in treating substance abuse-specific treatment problems.

Course Code	Course Title	Semester or Quarter Hours	College/University



VERIFICATION OF DEGREE AND INTERNSHIP FOR LSATP 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 substance abuse treatment or related counseling discipline?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Was the applicant's graduate degree program CACREP 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 counselors?	<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 direct client contact internship hours:	
10. Total direct client contact hours treating substance abuse-specific treatment problems:	
11. What type of licensure did the internship supervisor hold?	
12. Number of individual supervision hours during internship?	
13. Number of group supervision hours during internship?	
14. If applicable, total direct client contact hours with couples and/or families : (For LMFT licensure)	
NAME OF SCHOOL	
NAME OF PROGRAM OFFICIAL	TITLE
EMAIL ADDRESS OF SCHOOL OFFICIAL	PHONE NUMBER OF SCHOOL OFFICIAL
SIGNATURE OF SCHOOL OFFICIAL	DATE