

## **APPLICATION FOR ORIGINAL LICENSE BY EXAMINATION—LICENSED PROFESSIONAL COUNSELOR**

### **APPLICANT INSTRUCTIONS**

**NEW License Renewal Requirements.** Beginning January 1, 2011 new renewal requirements apply to your license. Important details are available online at [www.dora.state.co.us/mental-health/cc](http://www.dora.state.co.us/mental-health/cc).

**Mandatory Practice Act.** Colorado has a mandatory practice act, which means that you may not practice as a Licensed Professional Counselor in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

**Professional Counselor Candidate Registration.** Effective July 1, 2011, you may register as a Professional Counselor Candidate when you are completing the application for professional counselor licensure. This is a one-time registration which will expire in four years. Professional Counselor Candidates are eligible to receive a temporary permit that allows them to practice professional counseling under Board-approved supervision while completing the requirements for licensure as a professional counselor. Refer to C.R.S. 12-43-603.

**Registered Psychotherapists** (previously known as “Unlicensed Psychotherapists”). Individuals who currently provide psychotherapy services, and/or are completing their experience and supervision for certification or licensure, are required to be registered in the Registered Psychotherapist Board Database pursuant to C.R.S. 12-43-702.5, unless they are registered as a Professional Counselor Candidate (see paragraph above). It is the applicant’s responsibility to comply with one of these requirements. Submission of a licensure or certification application does not exclude the applicant’s responsibility to be registered in the database. Failure to be registered appropriately may result in applicant’s inability to receive credit for supervision/experience hours accrued in Colorado.

**Basic Requirements.** Requirements for licensure are outlined in the Colorado Revised Statutes, specifically 12-43-601, and the Board rules. Both are available online at [www.dora.state.co.us/mental-health](http://www.dora.state.co.us/mental-health).

In compliance with the Michael Skolnik Medical Transparency Act of 2010, licensees are required to complete an online Healthcare Professions Profile on our website at [www.dora.state.co.us/hppp](http://www.dora.state.co.us/hppp).

**Applicants with Disabilities.** Applicants who need modifications in the examination administration because of a disability should submit an ADA Request form, available online at [www.dora.state.co.us/registrations/ADAResultForm.htm](http://www.dora.state.co.us/registrations/ADAResultForm.htm), or you may call (303) 894-7800 to request that one be mailed to you. The ADA Request Form should be submitted at the same time as the application.

**About the Application.** This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

**Application Expiration.** Your application must be submitted with the fee and required supporting documentation (see checklist that follows). Complete applications may be retained for five (5) years from the date of receipt for the purpose of allowing the applicant to obtain the required post-degree experience and supervision. Applications may require updates prior to licensure.

**Social Security Number is Required.** Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

**Disclosure of Addresses.** Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at [www.doradls.state.co.us](http://www.doradls.state.co.us).

**License Expiration Grace Period for New Applicants.** All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between May 1, 2011 and August 31, 2011 will reflect a license expiration date of August 31, 2013. Licenses issued prior to May 1, 2011 will reflect an expiration date of August 31, 2011 and must renew in the upcoming renewal period.

- All Licensed Professional Counselor licenses expire on August 31 of odd-numbered years and must be renewed to continue practicing.

**Checking Your Application Status.** Visit Registrations Online Services at [www.doradls.state.co.us](http://www.doradls.state.co.us) to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

**Applicant:** Keep this page for your records.

## APPLICANT CHECKLIST

**To apply for a Licensed Professional Counselor (LPC) license by examination, including Professional Counselor Candidate registration, you must submit:**

- Completed application and supporting documentation if required.** Return the completed application and all supporting documentation to the Office of Licensing.
- Non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and **made payable to *State of Colorado***. All fees are non-refundable and subject to change every July 1.
- Documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Completed Affidavit of Eligibility form (attached).** Pursuant to C.R.S. 24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- Official transcript in a sealed envelope from a CACREP-approved degree-granting institution.** The transcript must be attached to the application in the original sealed (unopened) envelope. For information on the Council for Accreditation of Counseling and Related Education Programs (CACREP), including information on whether your degree program is CACREP-approved, see [www.cacrep.org](http://www.cacrep.org). The transcript must show the degree conferred and the conferral date.

If your degree program was NOT approved by CACREP at the time the degree was awarded, you must **also** submit:

- Copy of Education Approval Letter from the Center for Credentialing and Education (CCE).** Contact CCE at 1-888-817-8283 or [cce-global.org/Prof/Apps](http://cce-global.org/Prof/Apps) to obtain a Colorado Education Equivalence Review Application. The application, together with your official transcripts, supporting documentation, and the fee in the amount of \$150 should be submitted to: CCE, 3 Terrace Way, Greensboro, NC 27403-3660.

Upon completion of CCE's review, you will be provided with a letter indicating that your education is or is not equivalent to Colorado's requirements.

Submit a copy of the Approval Letter with this application.

For more information regarding equivalency, review [Rule 17 of the LPC Rules](#).

**Note:** The Board must review and approve your transcript with degree conferral date and your educational equivalency, if applicable, before your Professional Counselor Candidate registration, if requested, will be granted. Remember that you may not begin accruing post-degree experience and supervision hours until your candidate registration is granted **or** you have registered in the Registered Psychotherapists database.

—Continued on next page—

## APPLICANT CHECKLIST (Continued)

**In addition to all of the above, to obtain PERMANENT licensure as a Licensed Professional Counselor, you must also submit:**

- Confirmation of a passing score on the NCE.** If you have taken and passed the National Counselor Examination for Licensure and Certification (NCE) by the National Board for Certified Counselors (NBCC), you must contact NBCC to have your scores sent directly to the Colorado Board. Information concerning exam score verification is available at [www.nbcc.org/Exams/ScoreVerification](http://www.nbcc.org/Exams/ScoreVerification).
- Completed Jurisprudence Exam.** It is your responsibility to ensure that you use the most current version of the examination, which is available online at [www.dora.state.co.us/mental-health/jurisexam.pdf](http://www.dora.state.co.us/mental-health/jurisexam.pdf).
- Completed Post-Degree Experience and Supervision form(s).** Originals are required. Copies will not be accepted. Please hold all post-degree experience and supervision forms and submit when requirements have been completed. You must be able to demonstrate:
  - 2000 clock hours of experience over a minimum of 24 months
  - 100 clock hours of supervision – spread evenly over the 2000 experience hours – at least 70 of which must be face-to-face/individual, over a minimum of 24 months

For more information regarding post-degree experience and supervision, review [Rule 17 of the LPC Rules](#).

- Verification of licensure from each state where you have ever been licensed.** Forward the enclosed Verification of License form to each state where you have ever been licensed as a mental health professional. Request that the form be returned to you so you may include it – in its original sealed envelope – with your application packet.
- Completed Healthcare Professions Profile.** In compliance with the Michael Skolnik Medical Transparency Act of 2010, you are required to complete an online profile on our website at [www.dora.state.co.us/hppp](http://www.dora.state.co.us/hppp). You cannot start your profile until the Division of Registrations receives your application and enters it into our database. Allow 10 days from the date your application was mailed before accessing the website. If you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at [hppp@dora.state.co.us](mailto:hppp@dora.state.co.us) or (303) 894-5942.

**Return your completed application packet and all supporting documentation to:**

Division of Registrations  
Office of Licensing—Licensed Professional Counselor  
1560 Broadway, Suite 1350  
Denver, CO 80202



## IMPORTANT NOTICE

**TO:** All Applicants

**FROM:** Rosemary McCool, Director, Division of Registrations

**SUBJECT:** Licensure and Criminal History

Thank you for your interest in becoming a licensed\* professional within the Division of Registrations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

*\*The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



**Colorado Department of Regulatory Agencies**  
 Division of Registrations  
 1560 Broadway, Suite 1350  
 Denver, CO 80202

**Licensee/Applicant Full Legal Name**

Last	First	Middle	Suffix

**Colorado Professional or Occupational License/Certification/Registration Number:** \_\_\_\_\_  
 (if already licensed)

**Professional or Occupational License/Certification/Registration type applying for:** \_\_\_\_\_

**AFFIDAVIT OF ELIGIBILITY**

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure\* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

*\*The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

**Section A: LAWFUL PRESENCE in the United States**

1.  I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2.  I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3.  I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
  - a.  I am a U.S. citizen, not physically present or employed in the United States.
  - b.  I am a Foreign National, not physically present or employed in the United States.

**Section B: SECURE AND VERIFIABLE DOCUMENTS**  
 Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Driver's license or permit				
<input type="checkbox"/> Government issued ID card				
<input type="checkbox"/> Valid U.S. military ID/common access card				
<input type="checkbox"/> Colorado Department of Corrections inmate ID				
<input type="checkbox"/> Tribal ID card				
<input type="checkbox"/> U.S. passport				
<input type="checkbox"/> Certificate of Naturalization				

**Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)**

<b>Government Issued Identification</b>	<b>Name of state agency or federal agency that issued the document</b>	<b>Full name as shown on driver's license or state/federal issued ID</b>	<b>License/ID Number</b>	<b>Expiration Date (mm/dd/yyyy)</b>	
<input type="checkbox"/> Certificate of (U.S.) Citizenship					
<input type="checkbox"/> Valid Temporary Resident card					
<input type="checkbox"/> Valid I-94 issued by Canadian government					
<input type="checkbox"/> Valid I-94 with refugee/asylum stamp					
<input type="checkbox"/> Valid I-766 (Employment Authorization Card)			<b>Issuing federal agency:</b>		
<b>Name on card</b>	<b>Alien Number (A#)</b>	<b>Card Number</b>	<b>Valid from (mm/dd/yyyy)</b>	<b>Expires (mm/dd/yyyy)</b>	
<input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card)			<b>Issuing federal agency:</b>		
<b>Name on card</b>	<b>Alien Number (A#)</b>	<b>Country of birth</b>	<b>Card expires (mm/dd/yyyy)</b>	<b>Resident since (mm/dd/yyyy)</b>	
<input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94					
<b>Issuing foreign country</b>	<b>Passport Number</b>	<b>Visa Number</b>	<b>Visa Class (ex.: J-1, P-1, H-1B, etc.)</b>	<b>Date of entry (mm/dd/yyyy)</b>	<b>Until date (mm/dd/yyyy)</b>
<input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa					
<b>Issuing foreign country:</b>			<b>Passport Number:</b>		

**Section C: ATTESTATION**

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

\_\_\_\_\_  
Print Full Legal Name

\_\_\_\_\_  
Signature (Full Name)

\_\_\_\_\_  
Date

**This application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.**

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

**I wish to register as a Professional Counselor Candidate.** *If you do **not** request this registration, you must apply to be listed in the database as a registered psychotherapist.*

**PART 1—APPLICANT INFORMATION**

<b>Name:</b> Last:	First:	Middle:	Suffix:
<b>Previous Name(s):</b>			
<b>Social Security Number: *</b>	<b>Date of Birth</b> (mm/dd/yyyy):	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Place of Birth</b> (city and state, or foreign country):			
<b>Mailing Address:</b>	PO Box, Street:		
This is a <input type="checkbox"/> Home <input type="checkbox"/> Business	City, State, Zip:		
<b>Daytime Telephone Number:</b> (     )	<b>E-mail Address:</b>		
	Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail		

**PART 2—LICENSE INFORMATION**

Have you previously filed an application for licensure or database listing in Colorado with the Mental Health Licensing Section? <input type="checkbox"/> YES <input type="checkbox"/> NO			
▶ If <b>YES</b> , provide information below. If you have applied more than once, attach an additional sheet using the same format.			
<b>Type:</b>	<b>Level:</b>	<b>Number Issued:</b>	<b>Expiration Date:</b>
Have you taken and passed the National Counselor Examination (NCE) within the last five (5) years? <input type="checkbox"/> YES <input type="checkbox"/> NO			
▶ If <b>YES</b> , contact NBCC to have your scores sent directly to the Colorado Board.			

\* **Social Security Number Disclosure.** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

**OFFICE USE ONLY**

**LICENSE NUMBER:** \_\_\_\_\_

**DATE ISSUED:** \_\_\_\_\_

**PART 2—LICENSE INFORMATION (Continued)**

Have you ever been certified/licensed to practice psychotherapy or a related profession in any other state?  YES  NO

- ▶ If **YES**, list all states in which you are or have ever been licensed (if needed, attach an additional sheet using the same format, and attach to this application the Verification of License form in its original sealed envelope from each state where you have ever been licensed.

Type of License	State/Country	License Number	Year license issued	Disciplinary action against license?	Is this license current/active?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PART 3—EDUCATION**

**University or college attended:**

**Type of degree:**

**Date granted:**  
(mm/dd/yyyy):

Was your graduate program CACREP approved at the time of graduation?  YES  NO

- ▶ If **NO**, you must submit an Approval Letter from CCE indicating that your education has been approved and found to be equivalent.

**PART 4—SCREENING QUESTIONS**

**You must provide the following for each “YES” response to the screening questions below:**

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
  - Date(s) of event/offense
  - Description of event/offense
  - Location/court
  - Current status/outcome.

**You may be required to provide the following:**

- Copies of legal documents relating to the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

1. Have you ever been notified by any state, territory, district, country, United States government agency, or state certification/licensing board of any complaint filed against you relative to the practice of psychotherapy? This includes, but is not limited to, any allegations currently pending.  YES  NO
2. Has any disciplinary action ever been taken regarding any psychotherapy/drug and alcohol services certification/license which you now hold or have ever held? Include any disciplinary actions by the U.S. military, U.S. Public Health Service, or other U.S. federal governmental entity. (Disciplinary actions include, but are not limited to, suspension, revocation, probation, practice limitations, reprimand, letter of admonition, censure, and any allegations currently pending.)  YES  NO
  - ▶ If **YES**, include state or government agency, date, charge, and disposition in your explanation.
3. Have you ever been denied a certification/license or permission to practice psychotherapy, or permission to take an examination for licensure in any state, country, or U.S. federal jurisdiction?  YES  NO
  - ▶ If **YES**, include state or government agency, date, and reason for denial in your explanation.
4. Have you ever voluntarily surrendered a certification/license to practice psychotherapy in any state?  YES  NO

**PART 4—SCREENING QUESTIONS (Continued)**

5. Have you ever had staff privileges limited or reduced, denied, suspended or revoked, or have you resigned from a staff position in lieu of disciplinary action?  YES  NO  
 ► If **YES**, provide a copy of your letter of resignation or disciplinary action, and include the name and address of the facility and the reason for action in your explanation.
6. Have you ever received a deferred judgment or been convicted of or pled nolo contendere to a violation of any federal, state, or local law relating to the manufacture, distribution or dispensing of a controlled substance, or relating to drug abuse, including alcohol?  YES  NO  
 ► If **YES**, provide documentation from the court verifying completion of probation/parole requirements.
7. Have you ever received a deferred judgment or been convicted of or pled nolo contendere to any felony in any state, territory, district, the U.S., or foreign country? Include any conviction that has been set aside, dismissed, or pardoned under any provision of the law.  YES  NO  
 ► If **YES**, provide documentation from the court verifying completion of probation/parole requirements.
8. Have you ever entered into any malpractice settlement or had any malpractice judgment entered against you in a court of law?  YES  NO
9. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice psychotherapy safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder?  YES  NO  
 ► If **YES**, give dates of onset, description of condition, description of treatment, name and address of health service provider, and current status of condition. Attach a letter from your current or most recent health care provider stating that you are able to practice with skill and safety to clients.
10. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice psychotherapy safely and competently?  YES  NO  
 ► If **YES**, if treated, give name, address and zip code of both facility and health service provider, dates of treatment, current status of condition, etc. Provide a written statement from the treatment center you attended documenting completion of therapy.

**ATTESTATION**

**I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.**

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

**POST-DEGREE EXPERIENCE AND SUPERVISION—Licensed Professional Counselor  
INSTRUCTIONS/CHECKLIST**

- Make copies as needed and submit ONE form for EACH supervisor and place of employment.
- All fields must be completed.
- Original signatures are required. Copies will not be accepted.
- The supervisor MUST initial ANY corrections to the form(s), including white-outs and crossed out information.
- Signatures cannot be dated prior to the last date of experience/supervision.
- The supervisor must be or have been licensed in the state in which the supervision took place during the time of supervision.
- Experience and supervision hours must be completed after the date all degree requirements have been met. If you completed all degree requirements prior to the conferral date posted on your transcript and wish to begin counting your post-degree supervised experience from the earlier date, the Department Chair or a staff member of similar status must provide a letter verifying the date you met all requirements for the specific degree awarded.
- Submit all Post-Degree Experience and Supervision form(s) together to the Office of Licensing once all hours have been completed.
- Experience and supervision must be done concurrently.

**Experience:**

- 2000 clock hours must be documented over a **minimum** of 24 months.

**Supervision:**

- Supervision is defined in Board Rule 17 at [www.dora.state.co.us/mental-health/lpc/Rules3111.pdf](http://www.dora.state.co.us/mental-health/lpc/Rules3111.pdf).
- Applicants must receive a minimum of 100 clock hours of supervision, at least 70 hours of which must be face-to-face individual supervision, over a **minimum** of 24 months.



