

Professional Counseling Licensure (LPC)

NEW LICENSE APPLICATION

CHECKLIST- By ENDORSEMENT

IMPORTANT:

To expedite the processing of your **NEW LICENSE APPLICATION** be sure to follow the instructions carefully before submitting your **ONLINE** application portal. It is important to submit in all the required supporting documents listed below based on the method by which you are applying:

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
1. All Pages of Application		
All pages of the online application must be completed and submitted.	ONLINE	<input type="checkbox"/>
2. Demographic Information		
The demographic information (i.e., name, date of birth, address, etc.) provided by the application is true and correct and matches what is contained in the electronic licensing system.	ONLINE	<input type="checkbox"/>
3. Social Security Number		
If you do not have social security number then you must submit a <u>Sworn Affidavit</u> , under penalty of perjury, stating that you do not have a social security number AND one of the following: a copy of a Certificate of Citizenship or Naturalization; a Resident Alien Card; a valid foreign passport with a visa; or a work permit card from the Department of Homeland Security (I-766 or I-688B).	ONLINE	<input type="checkbox"/>
4. One (1) Recent Passport Type Photo (2x2 size) of the Applicant's Face with white background		
The photo must be original and cannot be a computer-generated copy, or paper copy.	ONLINE	<input type="checkbox"/>
5. One (1) photocopy of a current government issued photo ID		
This can be a driver's license or passport.	ONLINE	<input type="checkbox"/>
6. Name Change Documents (If applicable)		
Applicant must provide a copy of a legal name change document for <u>EACH</u> time that it has changed. Acceptable documents are <u>marriage certificates</u> , <u>divorce decrees</u> or <u>court orders</u> .	ONLINE	<input type="checkbox"/>
7. Official score report from National Exam		
Examination score must be transferred from the examining body . This must be submitted via electronically from the NBCC .	ELECTRONICALLY (By Examining Body)	<input type="checkbox"/>
8. Postgraduate Supervised Experience Form		
Applicant must complete the postgraduate supervised experience form . The hours must be added up correctly and it should show that 3,300 are general post-graduate supervision hours accumulated with a licensed LPC, LICSW, Psychiatrist, and/or Psychologist. The other 200 hours must be under immediate supervision of LPC, LICSW, Psychiatrist, and/or Psychologist and at least 100 hours out of the 200 immediate supervisions must be under LPC. The form(s) may come directly from the supervisor(s) to the Board at dclpc@dc.gov . (see LPC regulations for complete breakdown of hours).	E-MAIL or MAIL (Preferably via E-Mail must come directly from Supervisors)	<input type="checkbox"/>

CHECKLIST ITEMS (Cont.)	SUBMISSION METHODS	Check Mark
9. Supervision Calculation Form		
The supervision calculation form can be completed by the applicant. The hours listed on this form should match the hours on the post-graduate supervised experience form for each supervisor .	ONLINE	<input type="checkbox"/>
10. Official Sealed Transcript (s)		
Master’s degree or higher in counseling or related field with a minimum of 60 hours (see LPC regulations for complete list of acceptable programs). The Official Transcript must be sent directly from the school . It can be sent by mail (899 North Capitol St, NE, 1 st FL) but preferably via EMAIL (dclpc@dc.gov). Foreign Educated Only: Transcripts from a foreign school in a foreign language must have evaluated by World Education Services (WES).	E-MAIL or MAIL (Preferably via E-Mail and must come directly from the school/issuing institution)	<input type="checkbox"/>
11. Internship/Practicum Form		
Complete this form if your program was not CACREP accredited. This form can be sent directly from the school to the board at dclpc@dc.gov .	E-MAIL or MAIL (Preferably via E-Mail)	<input type="checkbox"/>
12. Coursework Completion Form		
All courses must be completed during graduate program. This form must be completed and sent directly to the Board at dclpc@dc.gov .	ONLINE	<input type="checkbox"/>
13. Licensure Verification		
Official Verifications should be provided from the issuing state (s) and jurisdiction(s) for each license identified in the application. All states and jurisdictions in which you have EVER held a professional license, regardless of status must be submitted. Website verifications may be acceptable if the website is considered “ primary source verified ” by the jurisdiction in question.	E-MAIL or MAIL (Preferably via E-Mail and must come directly from Licensing Boards)	<input type="checkbox"/>
14. Criminal Background Check (CBC)		
All other applicants must do (or re-do) their CBC with the online application. If answering “YES” to any of the screening questions, an explanation of the incident(s) must be provided by the applicant. For information, please visit the website: https://dchealth.dc.gov/node/120532 . {\$50 payment must be paid via online with the application. A link will be provided to you afterward via email} .	ONLINE	<input type="checkbox"/>
15. Screening Question Responses		
Applicants must answer all questions, including Clean Hands . If answered “Yes”, the applicant must also submit any and all relevant documents related to the reason for the “Yes” answer (e.g., Court Records, Monitoring Agreements, Licensure Orders, etc.)	ONLINE	<input type="checkbox"/>

16. National Practitioner Databank (NPDB) Self Query Report		
The Self-Query Report must be requested from the NDPB (https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp) no more than thirty (30) days prior to submission of the application.	ONLINE	<input type="checkbox"/>
17. Payment (Fee)		
\$230 (USD) for Application and License Fee.	ONLINE	<input type="checkbox"/>
(APPLICABLE ENDORSEMENT APPLICANTS ONLY)		
<ul style="list-style-type: none"> ➤ Nature of Practice Statement/Resume <i>(In lieu of Supervision Forms)</i> <ul style="list-style-type: none"> ○ Per the Board Policy, in lieu of the Post-Graduate Supervision Form, an applicant may submit a written attestation statement showing their Five (5) years of post-licensure experience in clinical counseling at the independent level along with a copy of the resume. The statement should include the following: the location(s), duration(s), total hours and specific nature of the applicant's practice. Please send the documents directly to the Board at dclpc@dc.gov 	ONLINE	<input type="checkbox"/>