

Provisional Mental Health Practitioner and Provisional Master Social Worker

PLMHP: You will need a license as a provisional mental health practitioner in order to earn 3,000 hours of supervised post-masters experience in mental health practice **in Nebraska** (to obtain a full license as a MHP or LIMHP) and to provide treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations.

While you are not required to register your PLMHP supervisor with our office, you must: 1) be supervised by a Nebraska licensed mental health practitioner or independent mental health practitioner or psychologist or qualified physician when providing mental health services **AND**, 2) you must obtain at least 3,000 hours of MHP experience that includes a minimum of 1,500 direct (face-to-face) client contact hours **AND**, 3) you must meet face-to-face with your supervisor for at least 1 hour per week.

To obtain the PLMHP, you must:

1. Have a masters/doctorate degree of which the course work and training leading to the degree was primarily therapeutic mental health in content and included a practicum/internship (defined in regulations, section 002). A practicum/internship completed after September 1, 1995 must include a minimum of 300 clock hours of direct client contact under supervision.
2. Be at least 19 years old and of good character.

PCMSW: If you **WISH to call yourself** a social worker (masters/doctorate), a certification as a provisional master social worker is required in order to obtain 3,000 hours of social work experience (to obtain a full certificate as a MSW). You must be supervised by a Nebraska CMSW.

To obtain the PCMSW, you must:

1. Have a masters or doctorate degree from an approved social work program.
2. Be at least 19 years old and of good character.

CMFT, CPC, CMSW: Certification as a marriage and family therapist, or professional counselor or social worker is required **if you WISH** to call yourself a certified marriage and family therapist, certified professional counselor or social worker.

For more information, visit our website at: <http://dhhs.ne.gov/Licensure/Pages/Mental-Health-and-Social-Work-Practice.aspx>

Checklist of Required Information: Use the following checklist to help organize your application.

NON-ENGLISH DOCUMENTS: Documents written in a language other than English must include a complete English translation. The translation must be an original document with the translator's notarized signature. You cannot translate your own documents.

1. **US Citizenship/Lawful Presence** (and must be at least 19 years old):

U.S. Citizen, a PHOTOCOPY of one of the following:

- Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted).
- U.S. Passport (unexpired or expired).
- Certificate of Naturalization.
- Other documents that show U.S. Citizenship.

A Driver's License is NOT acceptable.

NOT a U.S. Citizen, a PHOTOCOPY of one of the following:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- Employment Authorization Card **AND**
 - An approved deferred action status (DACA);
 - A pending application for asylum in the United States;
 - A pending or approved application for temporary protected status in the United States; or
 - A pending application for adjustment of status to that of an alien lawfully admitted for permanent Residence in the United States or conditional permanent resident status in the United States.

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take up to 30 days.

2. **Fee: \$125.** Pay by check or money order (payment is processed upon receipt). **We are unable to accept electronic payments.** Fee payable to: Licensure Unit.

3. **Education:**

Transcript: An official transcript verifying receipt of your masters or doctorate degree, which the degree focus is primarily therapeutic mental health. This transcript may be submitted with your application in a sealed envelope, directly by your school/college via paper, or by an electronic transcript service to dhhs.licensure2117@nebraska.gov

Coursework: If you received a master's/doctoral degree from a program other than those listed below, you must submit a syllabus for each course listed on the application and it must be from the time you completed course.

- Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
- Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- Council on Social work Education (CSWE)
- Council on Rehabilitation Education (CORE)
- The American Psychological Association (APA) for a doctoral degree program enrolled in by a person who has a masters degree or its equivalent in psychology

If you do not know whether your program was accredited, go to the applicable accreditation web site before completing your application.

Practicum/Internship: You must submit the affidavit of practicum/internship (found on page 4). **This practicum or internship must have been completed as part of your degree program (not as work experience after your degree was issued).**

Information Relating to Military Education, Training, or Service: If you have completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the military, you may submit such evidence with your application for review.

4. **Conviction Information:** If you have **EVER** have ever received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

- (a) A copy of the court record for each conviction;
- (b) Your explanation of the events leading to each of the convictions (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
- (c) If currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

NOTE: To assist the Board and Department in review of any drug and/or alcohol conviction(s), if you had an alcohol and drug evaluation and/or completed treatment, the treatment provider must submit all evaluations/discharge summaries directly to the Department.

The following provides SOME examples of convictions; this is NOT a complete list

<ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Reckless Driving 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check
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4. **Licensing Information:** If you currently hold or have held a credential to provide health related services in a state/jurisdiction other than Nebraska, you must submit verification of the license(s) even if that license is no longer current.

Disciplinary Action: If you had any disciplinary action(s) taken against your credential, submit a copy of the discipline

Application Processing: You can verify receipt and issuance of your application at the following web site:

<https://www.nebraska.gov/LISSearch/search.cgi> If your file shows 'status: pending', your application has been received by the Department and is in the review process.

All applications will be reviewed in date order received. Once reviewed, you will receive an e-mail or letter within approximately 10 days advising you that your license has been issued or that your application is incomplete. If incomplete, you will be informed of how to complete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.

Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; after 5 years all documents will be destroyed. We encourage you to keep a copy of your application for your records.

PROVISIONAL APPLICATION

**Licensed Mental Health Practitioner
Certified Master Social Worker**

(Must be earning post-masters experience in Nebraska to qualify)

Check the appropriate application(s) below:

Provisionally Licensed Mental Health Practitioner (PLMHP)

I also plan to earn experience for a Certificate in:

Marriage and Family Therapy

Professional Counseling

Social Work

Provisionally Certified Master Social Worker (PCMSW)
(if you check ONLY this category (PCMSW), you may NOT provide mental health services)

FEE: \$125

Pay by check or money order to: Licensure Unit
Your cancelled check is your proof of payment.
Payment is processed upon receipt.
We are unable to accept electronic payments.

Licenses expire 5 years from date of issuance

You must complete all sections of this application

SECTION A: PERSONAL INFORMATION

1	You must print your Legal Name below		
	First:	Middle:	Last Name:
	List any other names, you are or have ever been known as (AKA) including maiden name and your last name on your birth certificate		
2	Address:	Street/PO/Route:	
		City:	State or Country: Zip:
3	Date of Birth (Month/Day/Year):		Place of Birth (City/State or COUNTRY):
4	Phone #: (optional)*		Additional Phone #: (optional)*
	E-Mail Address:		
	* phone number and e-mail is optional, but providing this information will speed up communication with you		
5	Social Security Number (SSN):		
	If you are not a U.S. Citizen, list your A# or I-94#:	Alien Registration Number ("A#"):	
		I-94 #	

Neb. Rev. Stat. §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.

SECTION B: CONVICTION AND LICENSE INFORMATION

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.

CONVICTION INFORMATION: You must list **ALL** misdemeanor or felony convictions (regardless of when they occurred or whether you previously listed them on a prior application); you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor and felony convictions.

1	Have you EVER been convicted of a misdemeanor or felony?	Type of Crime	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

NOTE: If you have any criminal charges or credential disciplinary actions pending that result in a conviction or credential discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. **Reporting forms can be obtained at:** <http://dhhs.ne.gov/Pages/Investigations.aspx> or by phone **402-471-0175**.

LICENSE INFORMATION: The following questions relate to a license, certificate, or registration that you currently **hold or have held** to provide health related services in a state/jurisdiction **other** than Nebraska.

2	Have you ever been denied the right to take a license examination?	If yes, please explain below.		
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
3	Do you hold or have you held an active or inactive (similar status) credential in any other state(s) or jurisdiction?	If yes, what state(s) are/were you licensed in?	What type of credential(s) do you hold or have you held?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Action	Date of Action	Name of State Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<p>If you have disciplinary charges pending or if your credential has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.</p>				

SECTION C: EDUCATION

YOU MUST SUBMIT an official transcript verifying receipt of your masters or doctorate degree. You may submit an Official paper transcript or request that your school **electronically submit directly the following e-mail address:** dhhs.licensure2117@nebraska.gov

We do not accept copies of transcripts sent electronically to the applicant.

Name of College/University:	
Type of Degree Received:	
Date of Degree:	
Degree Major:	

Accreditation: Check the applicable accreditation if you received a master's or doctorate degree from one of the following:

<input type="checkbox"/>	Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
<input type="checkbox"/>	Council for Accreditation of Counseling and Related Educational Programs (CACREP)
<input type="checkbox"/>	Council on Social work Education (CSWE)
<input type="checkbox"/>	Council on Rehabilitation Education (CORE)
<input type="checkbox"/>	The American Psychological Association (APA) for a doctoral degree program enrolled in by a person who has a master's degree or its equivalent in psychology

SECTION D - PRACTICE PRIOR TO LICENSE or REPRESENTATION AS A SOCIAL WORKER

If you practice mental health or represent yourself as a social worker prior to issuance of your provisional license, you are subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations.

- No.** I have NOT practiced mental health or represented myself as a social worker in Nebraska without a Nebraska credential.
- Yes.** I have practiced mental health or represented myself as a social worker in Nebraska without a Nebraska credential.

If yes, what are the actual number of days you practiced mental health or represented yourself as a social worker in Nebraska without a license or certificate and what is the business name, location and telephone number of the practice:

Number of days:
Name of Business:
City:
Telephone #:

SECTION E: ATTESTATION

(check only ONE of the boxes below) For the purpose of meeting Neb. Rev. Stat. §4-108 through §4-114 and §38-129, I attest that:

- I am a citizen of the United States.
- OR**
- I am a qualified alien under the Federal Immigration and Nationality Act.
- I am a nonimmigrant lawfully present in the United States.
- Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

I further attest that:

1. I have read the application or have had the application read to me; and
2. I am of good character and all statements on this application are true and complete.

Print Name: _____

Signature: _____

Date: _____

The Practicum or Internship Supervisor or Director
MUST complete this form.

**MASTER'S/DOCTORATE PRACTICUM OR
INTERNSHIP VERIFICATION**

This practicum or internship must have been completed as part of your degree program
(Work experience gained after the degree was issued, is not acceptable towards the practicum/internship)

SUPERVISOR INFORMATION:

Name of Supervisor: _____ License Type: _____ License #: _____

Name of Applicant: _____

The practicum/internship was completed at: _____ (name of business),
in _____ (city) _____ (state).

The applicant completed the following hours:

Total Clock Hours of Direct Client Contact: _____

Total Clock Hours of Face-to-Face Client Contact in a work setting: _____

(NOTE: During a practicum direct client contact is contact between the practicum student and a client system, including collateral contacts, while providing mental health services. Supervisory sessions involving only the practicum student and supervisor will not be considered as direct client contact.)

Marriage and Family Therapy: Check this box if the applicant is also applying for a marriage and family therapy certification.

Marriage and Family Therapy: If the applicant is also applying for certification as a Marriage and Family Therapist, the above named applicant has at least 300 clock hours of supervised direct client contact with individuals, couples and families. Of these 300 hours, no more than 150 hours were with individuals.

ATTESTATION: I state that I am the person completing this form and the statements are true and complete.

I further verify that the applicant has completed a **practicum/internship as part of his/her Master's Degree Program**, including the clock hours listed above, providing mental health services under supervision.

Date

(Print/Type) Name of Supervisor or Internship Director

SIGNATURE OF SUPERVISOR or INTERNSHIP DIRECTOR

SECTION F: MENTAL HEALTH PRACTICE COURSEWORK

IF YOU HOLD OR HAVE HELD A PLMHP IN NEBRASKA, YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION.

OR

ACCREDITED PROGRAMS: If your program is accredited by one of the following, you **ARE NOT** required to complete the following coursework information.

- Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
- Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- Council on Social work Education (CSWE)
- Council on Rehabilitation Education (CORE)
- The American Psychological Association (APA) for a doctoral degree program enrolled in by a person who has a master's degree or its equivalent in psychology

NON-ACCREDITED PROGRAM: If you received a masters' or doctorate degree from a program **OTHER THAN** those listed as accredited:

1. Your degree must consist of course work and training which was primarily therapeutic mental health in content.
2. Your degree must be from an institution of higher education approved by the Council for Higher Education Accreditation (CHEA) or its successor.
You must submit course descriptions for each course(s) listed below from the time you completed such course; a syllabus is preferred and must be from the time you completed each course.

An official course description must be attached for each course listed.

(LIST the name of the course, the course number and the name of the institution in which the course was completed).

PRACTICUM OR INTERNSHIP (must be part of your degree)

Course Definition: (If completed *after* September 1, 1995, the practicum or internship must include a minimum of 300 clock hours of direct client contact of which 150 clock hours must be face-to-face in a work setting under the supervision of a qualified supervisor – Any artificial situation where a person presents a problem, such as role playing, is not acceptable)

Your supervisor or internship director must submit Page 5 of this application to verify completion of the practicum/internship requirement.

Name of Course	Course Number	College/University

If your **practicum** was completed prior to **September 1, 1995**, there is no hour requirement and Page 5 of this application is not required to be completed or submitted; however, you must still list the practicum/internship above.

Coursework Areas Required by Nebraska

1. THEORIES AND TECHNIQUES OF HUMAN BEHAVIOR INTERVENTION: (6 semester hours or 9-quarter hours)

Course Definition: Courses that cover therapeutic techniques and strategies for human behavioral intervention. This includes major contributions of the biological, behavioral, cognitive, and social sciences relevant to understanding assessment and treatment of the person and his/her environment with emphases on the social systems framework, personality theories and individual development through the life cycle, and their application.

Name of Course(s)	Course Number	College/University

2. PROFESSIONAL ETHICS AND ORIENTATION: (3 semester hours or 4.5-quarter hours)

Course Definition: The application of ethical and legal issues to the practice. Examples are: family law, codes of ethics, boundaries, peer review, record keeping, confidentiality, informed consent, and duty to warn.

Name of Course(s)	Course Number	College/University

3. ASSESSMENT TECHNIQUES REQUIRED FOR MENTAL HEALTH PRACTICE: (3 semester hours or 4.5-quarter hours)

Course Definition: Includes the process of collecting pertinent data about client or client systems and their environment and appraising the data as a basis for making decisions regarding treatment and/or referral. Examples are ability to make a clinical diagnostic impression, knowledge of psychopathology, and assessment of substance abuse and other addictions.

Name of Course(s)	Course Number	College/University

4. HUMAN GROWTH AND DEVELOPMENT: (3 semester hours or 4.5-quarter hours)

Course Definition: The integration of the psychological, sociological and biological approaches within the life cycle. Examples are awareness of culture, gender, or human sexuality at developmental levels, human behavior (normal and abnormal), personality theory, and learning theory.

Name of Course(s)	Course Number	College/University

5. RESEARCH AND EVALUATION: (3 semester hours or 4.5-quarter hours)

Course Definition: Includes such areas as statistics or research design and development of research and demonstration proposals.

Name of Course(s)	Course Number	College/University

Undergraduate Courses:

Undergraduate courses can only be considered if the Graduate program accepted an undergraduate course(s) as meeting the above graduate course criteria. The school must submit a notarized letter, on institutional letterhead, from an authorized person, i.e., the Department Chair of the program, stating the undergraduate course(s) was accepted to meet the educational requirement(s) of the master's degree.

For Office Use Only: Date reviewed: _____ by: _____

SECTION G: MARRIAGE AND FAMILY THERAPY COURSEWORK

COMPLETE THIS COURSEWORK INFORMATION IF YOU ARE REQUESTING CERTIFICATION AS A MARRIAGE AND FAMILY THERAPIST

ACCREDITED COAMFTE PROGRAM: If you graduated from a marriage and family therapy program that COAMFTE approved you ARE NOT required to complete the following coursework information.

NON-ACCREDITED PROGRAM: For related MFT programs or NON-COAMFTE programs, list the name of the course, the course number and the name of the institution in which the course was completed.

An official course description must be attached for each course listed.

1. MARRIAGE AND FAMILY STUDIES (9 semester or 13.5 quarter or a combination of these hours)

Course Definition: Courses in this area should be a fundamental introduction to systems theory. The student should learn to understand family structures and functioning within the social systems framework (including environmental context) and regarding diverse range of presenting issues (i.e. gender, cultural, substance abuse). Topic areas may include: systems theory, family development, family subsystems, blended families, gender issues in families, cultural issues in families, etc.

This area must have a major focus from systems theory orientation and encompass the social systems orientation. Survey or overview courses in which systems in one of several theories covered is not appropriate. Courses in which systems theory is the overarching framework and other theories are studied in relations to systems theory are appropriate.

Course Name	Course #	College/University

2. MARRIAGE AND FAMILY THERAPY (9 semester or 13.5 quarter or a combination of these hours)

Course Definition: Courses in this area should have a major focus on family systems theory and systemic therapeutic interventions. This area is intended to provide a substantive understanding of the major theories of systems change, the applied practices evolving from each theoretical orientation, including diagnosis/assessment of individuals, couples and families. Major theoretical approaches might include: strategic, structural, object relations, cognitive behavioral, intergenerational, and integrative models of therapy with individuals, couples, and families.

Course Name	Course #	College/University

3. HUMAN DEVELOPMENT (9 semester or 13.5 quarter or a combination of these hours)

Course Definition: Courses in this area should provide knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant course work in human development across the life span, which includes special issues that effect an individual's development (i.e. culture, gender, and human sexuality). Topic areas may include human development, child/adolescent development, psychopathology, personality theory, human sexuality, etc. This material should be integrated with systems concepts. Test and measurement courses are not accepted toward this area.

Course Name	Course #	College/University

4. PROFESSIONAL STUDIES (3 semester or 4.5 quarter or a combination of these hours)

Course Definition: Courses in this area are intended to contribute to the professional development of the therapist. Areas of study should include the therapist's legal responsibilities and liabilities, professional ethics relevant to marriage and family issues, professional values and socialization, and the role of the professional organization, licensure or certification legislation, independent practice and interpersonal cooperation. Religious ethics courses and moral theology courses are not accepted toward this area.

Course Name	Course #	College/University

5. RESEARCH (3 semester or 4.5 quarter or a combination of these hours)

Course Definition: Courses in this area should assist students in understanding and performing research. Topic areas may include research methodology, quantitative methods and statistics. Individual personality and test and measurement courses are not accepted toward this area.

Course Name	Course #	College/University

PRACTICUM (minimum 6 semester hours or 9 quarter hours, 300 hours of supervised direct client contact with individuals, couples and families, and of this 300 hours, no more than 150 hours may be with individuals)

Course Name	Course #	College/University

For Office Use Only: Date reviewed: _____ by: _____

SECTION H - PROFESSIONAL COUNSELOR COURSEWORK

COMPLETE THIS COURSEWORK INFORMATION IF YOU ARE REQUESTING CERTIFICATION AS A PROFESSIONAL COUNSELOR

ACCREDITED CACREP PROGRAM:

If your program is accredited by CACREP, you **ARE NOT** required to complete the following coursework information.

NON-ACCREDITED CACREP PROGRAM: The following must be completed by applicants applying with a master's degree from a non-CACREP counseling related field offered by a regionally accredited higher educational institution.

List the name of the course, the course number and the name of the institution in which the course was completed
An official course description must be attached for each course listed.

COUNSELING THEORY (3 semester hours): Course Definition: Includes a study of basic theories principles and techniques of counseling and their application to professional counseling settings.

Course Name	Course #	College/University

SUPERVISED COUNSELING PRACTICUM: Course Definition:

Mental Health Practice Applicants: Refers to supervised counseling experience in a work/community based setting of at least one semester in duration for a minimum of 3 hours academic credit as part of a master's program component

Independent Mental Health Practice Applicants: Must have completed at least **700 clock** hours of Practicum and/or Internship as part of his/her master's or doctoral degree program, which included at least 280 hours of direct service with clients.

Course Name	Course #	College/University

In addition to the above 2 coursework areas, you must have completed at least 3 semester hours in 5 of the following areas.

1. HUMAN GROWTH AND DEVELOPMENT: Course Definition: Includes studies that provide a broad understanding of the nature and needs of individuals at all developmental levels. Emphasis is placed on biopsychosocial approaches. Also included are such areas as human behavior (normal and abnormal), personality theory and learning theory.

Course Name	Course #	College/University

2. SOCIAL AND CULTURAL FOUNDATIONS: Course Definition: Includes studies of change, ethnic groups, subcultures, changing roles of women, sexism, urban and rural societies, population patterns cultural mores, use of leisure time and differing life patterns. Such disciplines as the behavioral sciences, economics and political science are involved.

Course Name	Course #	College/University

3. HELPING RELATIONSHIP: Course Definition: Includes philosophic bases of the helping relationship; consultation theory, practice, and application; and an emphasis on development of counselor and client (or consultee) self-awareness.

Course Name	Course #	College/University

4. GROUP DYNAMICS, PROCESSING AND COUNSELING: Course Definition: Includes theory and types of groups, as well as descriptions of group practices, methods, dynamics, and facilitative skills. This also includes supervised practice.

Course Name	Course #	College/University

5. LIFESTYLE AND CAREER DEVELOPMENT: Course Definition: Includes such areas as vocational choice theory, relationship between career choice and lifestyle, sources of occupational and educational information, approaches to career decision making processes and career exploration techniques.

Course Name	Course #	College/University

6. APPRAISAL OF INDIVIDUALS: Course Definition: Includes the development of framework for understanding the individual including methods of data gathering and interpretation, individual and group testing, case study approaches, and the study of individual differences. Ethnic, cultural and sex factors are also considered.

Course Name	Course #	College/University

7. RESEARCH AND EVALUATION: Course Definition: Includes such areas as statistics, research design and development of research and demonstration proposals. It includes understanding legislation relating to the development of research, program development and demonstration proposals, as well as the development and evaluation of program objectives.

Course Name	Course #	College/University

8. PROFESSIONAL ORIENTATION: Course Definition: Includes goals and objectives of professional organizations, codes of ethics legal considerations, standards of preparation, certification, licensing, and role identity of counselors and of other personal services specialists.

Course Name	Course #	College/University