

**Nebraska Provisional Mental Health Practitioner  
Provisional Master Social Worker**

**PLMHP:** A license as a provisional mental health practitioner **is required** 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) 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.

**Requirements:**

1. Have a masters/doctorate degree of which the course work and training leading to the degree was primarily therapeutic mental health in content as defined in 172 NAC 94-002, and included a practicum/internship. A practicum/internship which is completed after September 1, 1995 must include a minimum of 300 clock hours of direct client contact under supervision;
2. Have arranged supervision with a qualified supervisor in Nebraska; and
3. Have attained at least the age of majority and be of good moral 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 earn 3,000 hours of supervised experience in social work to obtain a CMSW.

**Requirements:**

1. Have a master's or doctorate degree from an approved social work program;
2. Have arranged supervision with a qualified supervisor in Nebraska; and
3. Have attained at least the age of majority and be of good moral 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/publichealth/Pages/crlMHPSWHome.aspx>

**Checklist of Required Documents:** Use the following checklist to help organize your application; **You must submit:**

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

**U.S. Citizens, 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 4-6 weeks.

2. **Education:**

**Transcript:** An official college/university transcript verifying receipt of a masters/doctoral degree which the degree focus is primarily therapeutic mental health. This transcript may be submitted with your application in a sealed envelope or electronically sent by your school/college directly to [carrie.nielsen@nebraska.gov](mailto:carrie.nielsen@nebraska.gov).

**Coursework:** If you received a masters/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)

**Practicum/Internship:** You must submit the affidavit of practicum/internship (found on page 6). **This practicum or internship must have been completed as part of your degree program (not as work experience after your degree was issued.**

3.  **Conviction Information:** If you have **EVER** had a misdemeanor or felony conviction, you must submit:

- (a) A copy of the court record;
- (b) Your explanation of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction;
- (c) If the conviction involved a drug and/or alcohol related offense and drug/alcohol treatment was obtained or required, all evaluations/discharge summaries; and
- (d) If you are currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

Applicants are required to list ALL misdemeanor and felony convictions (regardless of when they occurred); 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/district/federal court, you should ask for both traffic and criminal court misdemeanors and felony convictions. **The following provides SOME examples of convictions; this is NOT an all-inclusive list:**

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

**Disciplinary Action:** If you have had any disciplinary action(s) taken against your license, you must submit a copy of the disciplinary action(s), including charges and findings.

5.  **License Fee:** See the license application for a listing of fees. **Pay by check or money order (your cancelled check is your proof of receipt). We are unable to accept electronic payments.** Fee payable to: Licensure Unit. Please note: payment is processed upon receipt.

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

**Application Processing:** You can check the receipt of your application at: <https://www.nebraska.gov/LISSearch/search.cgi>  
If your file shows 'status: pending' this means your application has been received by the Department (it does NOT mean that it is approved and ready to issue). **All applications will be processed in date order received. License Decision: Approximately 3-4 weeks from receipt of a complete application.**

**Contact Information:** Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, Nebraska 68509-4986  
Telephone: 402-471-4970 / FAX: 402-742-1106 / E-Mail: [carrie.nielsen@nebraska.gov](mailto:carrie.nielsen@nebraska.gov)



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DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health /Licensure Unit  
P.O. Box 94986, Lincoln, Nebraska 68509-4986

**Provisional Application  
License as a Mental Health Practitioner  
and/or Certification as a Master Social Worker**

**(Must be earning post-master's experience in Nebraska to qualify)**

<p><b>Check the appropriate application(s) below:</b></p> <p><input type="checkbox"/> Provisional License as a Mental Health Practitioner (PLMHP)</p> <p style="margin-left: 20px;"><b>I also plan to earn experience for a Certificate in:</b></p> <p style="margin-left: 40px;"><input type="checkbox"/> Marriage and Family Therapy</p> <p style="margin-left: 40px;"><input type="checkbox"/> Professional Counseling</p> <p style="margin-left: 40px;"><input type="checkbox"/> Social Work</p> <p><input type="checkbox"/> Provisional Certification as a Master Social Worker (PCMSW) <b>(if you check ONLY this category (PCMSW), you may NOT provide psychotherapy and/or mental health services)</b></p>	<p><b>FEE: \$125 (Payable to: Licensure Unit)</b></p> <p><i>Licenses expire 5 years from date of issuance</i></p> <p style="color: red;"><b><u>You must complete all sections of this application</u></b></p>
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SECTION A – PERSONAL INFORMATION			
1	You must provide your <b>Legal Name</b> below		
	First:	Middle:	Maiden Name:
	Last Name:		
	List any other names you are or have been known as (AKA):		
2	Mailing 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)
5	E-Mail Address: (Preferred method of correspondence, but optional)		
6	Check the correct box(s) and provide your number:	<input type="checkbox"/> Social Security Number (SSN):	
	Providing your SSN is mandatory	<input type="checkbox"/> Alien Registration Number ("A#"):	

Neb. Rev. Stat. 38-123 mandates the disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Department of Revenue, the Department of Labor and for other Administrative purposes.

**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 and felony convictions (regardless of when they occurred); 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/district/federal court, you should ask for both traffic and criminal court misdemeanors and felony convictions.

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

**NOTE:**

If you have any criminal charges or license disciplinary actions pending that result in a conviction or license 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/reg\\_invest-p.aspx](http://dhhs.ne.gov/Pages/reg_invest-p.aspx) or by phone **402-471-0175**.

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

2	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 License Action	Date of Action	Name of Entity Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
3	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"/>			

**NOTE:**

If you have disciplinary charges pending or if your license 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.

**SECTION C – SUPERVISOR’S PERSONAL INFORMATION – SUPERVISOR MUST BE LOCATED IN NEBRASKA**

**All licensees who will be supervising the applicant’s 3,000 hours of post-master’s experience must be listed in this section**

You must have a qualified supervisor designated in order to apply for this license and you must obtain said experience in Nebraska. These hours must be earned after receipt of an approved master’s degree and within the 5 years immediately prior to the date an application for a full license is submitted.

**If the primary supervisor is a psychologist, s/he can only supervise up to a combined total of 4 provisional licensed mental health practitioners/provisional licensed psychologists.**

1	Supervisor's Name:	First:	Middle:	Last:
	License #:		Business Telephone #: OPTIONAL	
2	Supervisor's Name:	First:	Middle:	Last:
	License #:		Business Telephone #: OPTIONAL	
3	Supervisor's Name:	First:	Middle:	Last:
	License #:		Business Telephone #: OPTIONAL	
4	Supervisor's Name:	First:	Middle:	Last:
	License #:		Business Telephone #: OPTIONAL	

**SECTION D – EDUCATION**

**YOU MUST SUBMIT an official transcript verifying receipt of your master’s or doctorate degree;** this transcript may be submitted with your application in a sealed envelope or by your school/college electronically directly to [carrie.nielsen@nebraska.gov](mailto:carrie.nielsen@nebraska.gov).

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

If you received a master’s or doctorate degree from one of the following accredited programs, **Check applicable accreditation:**

- 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)

**THE FOLLOWING MUST BE COMPLETED AND SIGNED BY THE SUPERVISOR(S)**

**SECTION E - PLAN OF SUPERVISION:** Check *all* that apply; the supervisor must sign at the bottom of this page.

**Mental Health Practice Supervision:**

**Activities:** 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.

**Supervision Plan (complete both questions):**

- Yes, the supervision WILL include at least 3,000 hours including at least 1,500 direct (face-to-face) client contact hours.
- Yes, the supervision WILL include face-to-face contact for a minimum of one hour per week.

**Master Social Worker Supervision (requires supervisor to hold a CMSW):**

**Activities:**

- Information, resource identification and development, and referral services
- Preparation and evaluation of psychosocial assessments and development of social work service plans
- Case management, coordination, and monitoring of social work service plans in the areas of personal, social, or economic resources, conditions, or problems
- Development, implementation, and evaluation of social work programs and policies
- Supportive contacts to assist individuals and groups with personal adjustment to crisis, transition, economic change, or a personal or family member's health condition
- Social casework for and prevention of psychosocial dysfunction, disability, or impairment
- Social work research, consultation, and education

**SIGNATURES:**

**Supervisor Must Complete the following:**

I, \_\_\_\_\_,  
(Name of Supervisor)

am the supervisor referred to in this application and that the statements herein are true and complete.

I agree to assume professional responsibility for the work of

\_\_\_\_\_  
(Name of Provisional Applicant)

and agree that I am competent to provide all services identified in this form.

\_\_\_\_\_  
(Legal Signature of Supervisor)

\_\_\_\_\_  
(Date)

**Supervisor's Credentials (check all that apply):**

- Certified Master Social Worker
- Licensed Mental Health Practitioner
- Licensed Independent Mental Health Practitioner
- Licensed Psychologist
- Qualified Physician (must submit vitae showing specialized training in mental health or a copy of documentation showing the physician is a board certified psychiatrist)

**Second Supervisor Must Complete the following:**

I, \_\_\_\_\_,  
(Name of Supervisor)

am the supervisor referred to in this application and that the statements herein are true and complete.

I agree to assume professional responsibility for the work of

\_\_\_\_\_  
(Name of Provisional Applicant)

and agree that I am competent to provide all services identified in this form.

\_\_\_\_\_  
(Legal Signature of Supervisor)

\_\_\_\_\_  
(Date)

**Supervisor's Credentials (check all that apply):**

- Certified Master Social Worker
- Licensed Mental Health Practitioner
- Licensed Independent Mental Health Practitioner
- Licensed Psychologist
- Qualified Physician (must submit vitae showing specialized training in mental health or a copy of documentation showing the physician is a board certified psychiatrist)

**SECTION F - PRACTICE PRIOR TO LICENSE**

An individual who practices prior to issuance of a license is 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 governing mental health practice.

1	<input type="checkbox"/> <b>No.</b> I <b>have NOT</b> practiced mental health in Nebraska without a license before submitting the application?  <input type="checkbox"/> <b>Yes.</b> I <b>have</b> practiced mental health in Nebraska without a license before submitting the application?					
2	If yes, what are the actual number of days you practiced in Nebraska without a license and what is the business name, location and telephone number of the practice:	<table border="1"> <tr> <td data-bbox="886 464 1557 548">Number of days:</td> </tr> <tr> <td data-bbox="886 548 1557 632">Name of Business:</td> </tr> <tr> <td data-bbox="886 632 1557 716">City:</td> </tr> <tr> <td data-bbox="886 716 1557 795">Telephone #:</td> </tr> </table>	Number of days:	Name of Business:	City:	Telephone #:
Number of days:						
Name of Business:						
City:						
Telephone #:						

**SECTION G - ATTESTATION**

**Attestation:** For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (*check ONE of the boxes below*):

**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.

**NOTE:** You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

**Application Attestation: I attest that:**

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**This practicum or internship must have been completed as part of your degree program  
(not as work experience after your degree was issued).**

**NOTE: IF you have already submitted this form, you are not required to resubmit.**

**SUPERVISOR INFORMATION:**

Name: \_\_\_\_\_ License #: \_\_\_\_\_

License Type:

- Certified Master Social Worker
- Licensed Mental Health Practitioner
- Licensed Independent Mental Health Practitioner
- Licensed Psychologist
- Qualified Physician
- Other, license type: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

The practicum/internship was completed at: \_\_\_\_\_ (name of business),

Location: \_\_\_\_\_ (city) \_\_\_\_\_ (state).

**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**, which included a **minimum of 300 clock hours of direct client contact of which 150 clock hours must be face-to-face in a work setting**, providing mental health services under my supervision.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print/type) Name of Supervisor or Internship Director

Supervisor  Internship Director

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR or INTERNSHIP DIRECTOR



**SECTION H - MENTAL HEALTH PRACTICE COURSEWORK**

If your program is accredited by one of the following, OR if you have previously submitted this coursework page 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)

IF YOU HOLD OR HAVE HELD A PROVISIONAL LICENSE IN NEBRASKA, YOU ARE NOT REQUIRED TO COMPLETE THIS PAGE

**MHP COURSEWORK REVIEW**  
**Non-Accredited Programs**

If you received a master’s 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
3. 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

*(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 6 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 6 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 I - MARRIAGE AND FAMILY THERAPY COURSEWORK**

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

**COAMFTE:** If you graduated from a marriage and family therapy program that was approved by COAMFTE OR if you have previously submitted this coursework page you are not required to complete the following coursework information.

**MFT COURSEWORK REVIEW**

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

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Date reviewed: \_\_\_\_\_ by: \_\_\_\_\_

**SECTION J - PROFESSIONAL COUNSELOR COURSEWORK**

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

**CACREP:** If your program is accredited by **CACREP**, OR if you have previously submitted this coursework page 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**

Please 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.**

**PC COURSEWORK REVIEW - NON-ACCREDITED CACREP PROGRAM**

<b>COUNSELING THEORY (3 semester hours)</b>		
<b>Course Definition:</b> Includes a study of basic theories principles and techniques of counseling and their application to professional counseling settings.		
Course Name	Course #	College/University
<b>SUPERVISED COUNSELING PRACTICUM</b>		
<b>Course Definition:</b> 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		
Course Name	Course #	College/University

**ADDITIONAL COURSEWORK REQUIRED: YOU MUST PROVIDE EVIDENCE OF AT LEAST 3 SEMESTER HOURS IN 5 OF THE FOLLOWING 8 AREAS:**

<b>1. HUMAN GROWTH AND DEVELOPMENT</b>		
<b>Course Definition:</b> 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
<b>2. SOCIAL AND CULTURAL FOUNDATIONS</b>		
<b>Course Definition:</b> 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

<b>3. HELPING RELATIONSHIP</b>		
<b>Course Definition:</b> 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
<b>4. GROUP DYNAMICS, PROCESSING AND COUNSELING</b>		
<b>Course Definition:</b> 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
<b>5. LIFESTYLE AND CAREER DEVELOPMENT</b>		
<b>Course Definition:</b> 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
<b>6. APPRAISAL OF INDIVIDUALS</b>		
<b>Course Definition:</b> 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
<b>7. RESEARCH AND EVALUATION</b>		
<b>Course Definition:</b> 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
<b>8. PROFESSIONAL ORIENTATION</b>		
<b>Course Definition:</b> 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

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