

MONTANA BOARD OF BEHAVIORAL HEALTH
PO Box 200513 (301 S Park, 4th
Floor) Helena, MT 59620-0513
LICENSING PHONE: (406) 444-5773 FAX: (406) 841-2305
EMAIL: dlibsdbbh@mt.gov WEBSITE www.bbh.mt.gov

INSTRUCTIONS FOR PROFESSIONAL COUNSELOR LICENSURE BY EXAMINATION & ENDORSEMENT

FEES

- The application fee for licensure by exam and licensure by endorsement is \$200.00. The fee includes the cost of the Professional Counselor License Candidate (PCLC) and the Licensed Clinical Professional Counselor (LCPC) credentials.
- Please consider making licensure application on-line at <https://ebiz.mt.gov/pol/> . The on-line application fee is paid by debit or credit card.
- Payment must be included with applications submitted by mail. Fees are payable to the Montana Board of Behavioral Health by check, money order, or cashier's check.
- All application fees are NON-REFUNDABLE and must be received with your application to insure proper processing.
- Submission of fees and application does not ensure issuance of a license.

PROFESSIONAL COUNSELOR LICENSURE CANDIDATE PROCEDURE. ARM [24.219.605](#)

- All licensure applicants shall first qualify and receive a Professional Counselor Licensure Candidate credential (PCLC).
- A completed Professional Counselor Licensure Candidate application must include the application fee.
- Official transcripts must be provided directly from the institution documenting the applicant's completion of a planned graduate program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or a program approved by the board as required by 37-23-202, MCA;
- If an applicant is claiming up to 1500 hours of pre-degree work experience hours, those hours must be submitted at the time of application and pursuant to the requirements of ARM 24.219.604.
- Applicants must submit a signed Supervision Agreement between the candidate and supervisor(s). The agreement will address the duties of the candidate and supervisor, the obligations of the candidate and supervisor under, ARM [24.219.604\(2\)](#) , confidentiality, frequency and method of supervision, and duration and the termination of the supervision agreement. The agreement shall also include a statement of compliance with applicable patient privacy laws and the supervisor's qualifications. The Board approved form is available on the website at http://b.bsd.dli.mt.gov/license/bsd_boards/bbh_board/board_page.asp and is called the **Supervisory Agreement for all Professions.** Applicants must submit a Supervision Agreement for each supervisor used in accruing the 3000 work experience hours.
- Applicants must submit a Proposed Training and Supervision Plan applicable to all post degree work experience hours. The Plan is subject to Board approval. The Board approved form is available on the website at http://b.bsd.dli.mt.gov/license/bsd_boards/bbh_board/board_page.asp and is called the **Supervisory and Training Plan for all Professions.** The Plan must include identification of the candidate and the qualified supervisor; the supervisors' license types, license numbers, and amount of post-licensure experience or training in clinical supervision; verification that any and all licenses held by the supervisor in all jurisdictions are unrestricted with no pending discipline.
- The Supervisory and Training Plan must also include a proposed record of supervision in a form approved by the Board that will address and document the licensure candidate's experience for the purpose of meeting the requirements of [37-23-213(2)(e) MCA] and

satisfy the requirements of ARM 24.219.605(3). The Board approved form is available on the website at http://b.bsd.dli.mt.gov/license/bsd_boards/bbh_board/board_page.asp and is called the **Clinical Supervision Log** (Excel spreadsheet).

- Applicants shall submit three reference letters. [37-23-213(2) (d)]. The letters shall be provided by individuals in the academic or behavioral health professions. These individuals should be able to attest to the applicant's professional knowledge, skills and abilities.
- All applicants are required to complete a fingerprint and background check by the Department of Justice and the Federal Bureau of Investigations [37-23-202(3) MCA] and [37.1.307(2)-(5) MCA], and ARM 24.219, 605(4). Results must be received by the Board office prior to issuance of the candidate credential. All fingerprint materials are listed on the website at http://b.bsd.dli.mt.gov/license/bsd_boards/bbh_board/board_page.asp under **Finger Print and Background Check Information for Professional Counselors.**

PROFESSIONAL COUNSELOR EDUCATION REQUIREMENTS:

- Applicant must fulfill one of two education requirements:
 - Completion of a 60 semester or 90 quarter semester graduate degree that is counseling in nature from a college or university accredited by a regional accrediting entity. The degree must include a six-semester credit (or nine-quarter credit) advanced counseling practicum course [37-32-202(1) (a)MCA], or
 - Completion of a 45 semesters or 67.5 quarter credit graduate degree that is counseling in nature from a college or university accredited by a regional accrediting entity. The candidate shall complete the additional graduate credits necessary to fulfill the 60 semester credit requirement within a period of 5 years. The classes must be graduate level counseling courses from an accredited institution. Full licensure will be awarded upon completion of the additional credits, clinical work experience and the NBCC exam, [37-23-202(2) MCA].

PROFESSIONAL COUNSELOR EXPERIENCE REQUIREMENTS: ARM [24.219.604](#)

- Candidates may begin accruing work experience hours on a form approved by the Board upon receipt of the PCLC credential. The Board approved form is available on the website at http://b.bsd.dli.mt.gov/license/bsd_boards/bbh_board/board_page.asp and is called the **Clinical Supervision Log** (Excel spreadsheet)
- 1500 work experience hours may be obtained prior to completion of the academic degree. Hours may be earned in practicums, internships and work sites approved by the academic program faculty. Exclusive of the advanced practicum requirement, the degree candidate shall receive one hour of face-to-face supervision and/or consultation for every 15 hours of work from a licensed mental health professional, a licensed member of the faculty staff or an on-site counseling professional deemed appropriate by the faculty staff. Appropriate sites for this pre-degree counseling experience is left to the discretion of the counseling faculty of the institution offering the degree. All treatment interventions and assessment results and interpretations shall be reviewed and approved by the supervisor or appropriate faculty prior to their use or implementation
- 1500 work experience hours must be obtained post-degree of which 1000 hours are direct face-to-face client contact in a clinical setting. No more than 250 client contact hours of which may be in a group or co-facilitative counseling situation.
- Clinical setting is defined as any public and/or private agency whose primary functions are conducting psychosocial assessments and diagnoses for the purpose of establishing treatment goals and objectives; planning, implementing and evaluating treatment plans that use treatment interventions to facilitate human development and to identify and remediate mental, emotional or behavioral disorders and associated distresses that interfere with mental health, social functioning, or the functioning of established social units; selecting, administering, scoring, and interpreting psychosocial assessment instruments to assess

personal characteristics and using non-standard methods and techniques for understanding human behavior in relation to coping with or adapting to changing life situations; implementing counseling treatment interventions using those cognitive, affective, behavioral sciences that are specifically implemented in the context of a therapeutic relationship; or evaluating information to identify needs or problems of an individual or social units to determine the advisability of referral to other specialists, informing the individual(s) of the judgment, and communicating as requested or considered appropriate with the referral sources.

- All reports and/or assessment interpretations and results sent to other public or private agencies that affects the current social status of a client must be reviewed by and contain the approval and signature of the supervisor. These reports shall identify the supervisee's "in-training" non-licensed status or identify that the supervisee is a professional counselor licensure candidate.
- All therapeutic interventions and the assessment results and interpretations used in the planning and/or implementation of those therapeutic interventions shall be reviewed and preapproved by the supervisor on a continual and ongoing basis.
- All professional communications, both private and public, including advertisements, shall clearly indicate the supervisee's "in-training" and no-licensed status or indicate that the supervisee is a professional counselor licensure candidate.
- Candidates must receive a minimum of one hour of face-to-face supervision and consultation for every 20 hours of work experience. No more than 80 hours of work experience may transpire without receiving the required hours of supervision and/or consultation. Less frequent supervision may take place only with prior approval of the licensure board. Any hours earned without appropriate supervision will not be counted towards licensure.
- A record of supervision must be maintained by the applicant or licensure candidate. The record of supervision must include date and length of supervision in increments not less than 15 minutes; names of applicant or licensure candidate, supervisor (including type of license and number), and signatures of both.
- The supervision log must include content summary (excluding confidential information) and evidence of the candidate's minimal competencies in the areas of an identified theory base, application of a differential diagnosis, establishing and monitoring a treatment plan, development and appropriate use of the professional relationship, assessing the client for risk of imminent danger, and implementing a professional and ethical relationship with clients and colleagues. ***Supervision entries MUST include content demonstrating the licensure candidate's developing competence in the above named areas.***
- The supervision logs must include an attestation of the record of supervision by the supervisor. Falsification or misrepresentation of the record of supervision shall be considered unprofessional conduct and may result in discipline of candidate and or supervisor licenses.

LICENSURE OF OUT OF STATE PROFESSIONAL COUNSELOR APPLICANTS-Licensure by Endorsement, ARM [24.219.512](#)

- An applicant for licensure by endorsement in Montana may be granted a temporary permit to practice professional counseling, provided the applicant has submitted a completed application and that the initial screening by board staff shows that the current license is in good standing and not on probation or subject to ongoing disciplinary action. The temporary permit will remain valid until a license is granted or until notice of proposal to deny license is served, whichever occurs first. In the event that neither contingency have occurred within one year of issuance of the temporary permit to the endorsement applicant, the temporary permit shall expire and may not be renewed.
- Applicants for licensure by endorsement must hold a valid and unrestricted license to practice as a professional counselor in another state that was issued under standards equivalent to or greater than the current standards in the state of Montana.
- Official written verification of such the licensure status must be received by the Board directly from the other state(s).
- Applicants shall complete the application and pay the application fee.

- Applicant will have earned a graduate degree, which meets the requirements of 37-23-202, MCA, and shall supply a copy of the certified transcript sent directly from an accredited college, university, or institution, and shall complete the degree summary sheet provided by the Board.
- The applicant shall submit proof of completion of 3000 hours of supervised work experience as defined in 37-23-202, MCA. The applicant may verify the experience hours by affidavit, and need not supply a supervisor's signature upon reasonable explanation of why the supervisor's signature is unavailable to the applicant.
- In addition, applicants shall submit proof of continuous practice as a professional counselor in another state for the two years preceding the date of licensure application in Montana.
- The applicant shall supply proof of successful completion of the National Counselor Examination (NCE) or another board-approved licensing examination. Applicant scores on the examination must be forwarded directly from NBCC to the Board.
- The applicant shall answer questions about the applicant's character and fitness to practice on a form prescribed by the Board, and the applicant shall provide all information required by the Board in response to these questions.
- All applicants are required to complete a fingerprint and background check by the Department of Justice and the Federal Bureau of Investigations [37-22-301(5) MCA] and [37.1.307 MCA].

PROFESSIONAL COUNSELOR LICENSURE CANDIDATE ANNUAL REGISTRATION REQUIREMENTS. ARM [24.219.607](#)

- Individuals shall register annually as a Professional Counselor Licensure Candidate (PCLC) on or before December 31. An individual may register as a Professional Counselor Licensure Candidate for up to five years from the date the candidate's original candidate license was issued.
- Candidates licensed after October 1 in any calendar year will not be required to register again until December 31 of the following calendar year.
- After the fifth registration, a Professional Counselor Licensure Candidate must request permission for an additional registration, which the Board may grant on a case-by-case basis.
- Continuing education credits ARE NOT required to re-register the PCLC credential.

EXAMINATION INFORMATION. 24.219.501(4)-(7) ARM

- Candidates shall complete and submit the post-degree work experience hours to the Board office. Upon approval of the hours, the candidate shall be instructed in writing by board staff regarding the registration process for the NBCC exam.
- All candidates must pass the National Counselor Examination for Licensure and Certification (NCE) or the National Clinical Mental Health Counseling Examination (NCMHCE) administered by the National Board of Counselor Certification (NBCC).
- When the Board office receives the candidate's test results from NBCC, the candidate will be issued a license if a passing score is achieved. If a failing score is reported, the candidate receives a Candidate Performance Report (CPR) with instructions for the waiting period and re-registration requirements. Candidates must wait a period of 90 days and must contact the Board office for re-entry on the NBCC exam roster.
- Applicants shall be allowed a maximum of three attempts to successfully pass the examination. After the third attempt, if the candidate has not achieved a passing score, the candidate must request in writing to the Board to retake the examination. The Board may require the candidate to complete a preapproved remediation plan prior to additional exam administrations.

LICENSURE ACTIVATION OF FORMER LCPC LICENSEES. 24.219.601(9) ARM

- If an applicant has previously held a license to practice as a Professional Counselor in the state of Montana, and the previous license was terminated as a result of the applicant's failure to renew the license, the applicant may re-apply for licensure. The applicant shall apply for licensure and complete ten hours of board-approved continuing education credits for each year that the applicant's license was terminated. The applicant shall submit proof of completion of these hours at the time of application.

FINGERPRINT/BACKGROUND CHECK PROCESS:

- Read and sign the Noncriminal Justice Applicant’s Rights form, following page.
- Fingerprint cards are available from most local law enforcement agencies and the Montana Department of Justice (DOJ). BELOW IS A SAMPLE. Complete the information requested at the top of the fingerprint card as it appears below prior to having your prints taken and include the following information:

EMPLOYER AND ADDRESS: Board of Behavioral Health, PO Box 200513, Helena, MT 59620-0513

REASON FINGERPRINTED: Licensure & 37-23-202 (3), MCA

- Most local law enforcement agencies will take your fingerprints for a nominal fee. It is recommended that you have digital prints taken if possible. The risk of rejection is reduced. After paying this fee and having your fingerprints taken, send the completed fingerprint card along with a check or money order for \$27.25 made payable to the “Montana Department of Justice” and mail it to Montana Criminal Records, 2225 11th Avenue, PO Box 201403, Helena MT 59620-1403. Please check with your local post office and add accurate postage prior to mailing.
- If DOJ rejects your first fingerprint card as “unreadable,” the Board office will notify you and you will need to re-submit your fingerprints. You are not required to repay the processing fee to the Montana Department of Justice under these circumstances.
- **Criminal History Record Information (CHRI) from the fingerprints is only released to the Board of Behavioral Health. Your application will not be considered complete until the CHRI is received from the DOJ.**

APPLICANT <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (Rev 9-9-13) 1110-0046		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME NAM		FIRST NAME		MIDDLE NAME			
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		O R I		MT920070Z		DATE OF BIRTH Month Day Year		DOB	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CTZ		SEX		RACE		HGT.	
EMPLOYER AND ADDRESS Board of Behavioral Health PO Box 200513 Helena, MT 59620-0513		REASON FINGERPRINTED MtCA 37-23-202 Licensed Clinical Professional Counselor		YOUR NO. OCA		FBI NO. FBI		ARMED FORCES NO. MNU		SOCIAL SECURITY NO. SOC	
				MISCELLANEOUS NO. MNU		CLASS		REF.		PLACE OF BIRTH POB	
										LEAVE BLANK	
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE			
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification by the Montana Board of Behavioral Health that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.⁹

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation, executive order, rule or procedure.

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dojitsdpublicrecords@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.

Signed Name: _____ Date: _____

Printed name: _____



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form.

Form number: APPR&R 20120611

VERIFICATION OF LICENSURE (Proof of licensure from other states, if applicable):

- The applicant is responsible for requesting official verification from their original state of social worker licensure and ALL professional licenses held, regardless of status.
- Photocopies of licenses do not qualify as official verification and should not be included with your application.

RENEWAL:

- All licenses expire on December 31 every year.
- Renewal notices are mailed 45 days prior to the expiration date to your address of record. Change of address form is available at www.bbh.mt.gov, under the Forms tab.
- All credentials regulated under the Board of Behavioral Health, LCSW, LCPC, LMFT and LACs licensed in MT must maintain proof of 20 continuing education credits per year.

NON-ROUTINE APPLICATIONS:

- If the completed application is deemed non-routine, there may be a delay in processing.
- The Board may request that you provide additional information, and you may be requested to be available in person or by phone for the Board during a regularly scheduled board meeting.
- A complete application must be received by the Board 15 business days prior to a scheduled board meeting. Please refer to our website for Board meeting dates.

IMPORTANT INFORMATION FOR ALL APPLICANTS AND CANDIDATES:

- It is critical to your licensure to not withhold any information regarding each question on the application.
- The applicant will be notified of any deficiencies in their application. The preferred mode of communication is e-mail. Please maintain a current e-mail address with this office as part of your record.
- The licensure status can be viewed at <https://ebiz.mt.gov/pol/>
- It is the responsibility of the applicant to keep the Board office informed of any name changes, address and e-mail changes, changes in licensure status, complaints or proposed disciplinary action against you in this or any other state. The change of address form is available at www.bbh.mt.gov, under the Forms tab.
- The practice of social work, professional counseling, marriage and family therapy and addiction counseling in Montana is governed by the Board's Statutes and Administrative Rules. These are found at www.bbh.mt.gov, under the Regulations tab.

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED. Application Fees must be paid before your application can be reviewed. *When the Board has all necessary documentation, your application will be processed.* Incomplete applications expire 12 months from the date received by the Board of Behavioral Health.

SOCIAL WORKERS, PROFESSIONAL COUNSELORS, MARRIAGE AND FAMILY THERAPISTS AND ADDICTION COUNSELORS ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE.