

MONTANA BOARD OF BEHAVIORAL HEALTH
PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, MT 59620-0513
Phone: 406-444-6880
Email: dlibsdhhelp@mt.gov Website: www.bbh.mt.gov

LICENSED CLINICAL PROFESSIONAL COUNSELOR APPLICATION

You can also apply online at <https://ebiz.mt.gov/POL>. Online application is recommended.

Application fee of \$200 must be submitted with the application.

1. FULL NAME: _____
First Middle Last

2. OTHER NAME(S) KNOWN BY: _____

3. MAILING ADDRESS: _____

4. EMAIL ADDRESS: _____

5. TELEPHONE: _____
Business Home Cell

6. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____

7. DATE OF BIRTH: _____ 8. GENDER: FEMALE MALE

9. Academic degrees received, including certificates equivalent to degrees. List the most recent degree first.

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

10. List all professional licenses or certification you hold or have **ever** held. Official verification must be submitted with application.

State	Other Jurisdiction	License Type	License Number	Requested State Verification
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

DECLARATION

I authorize the release of information concerning my education, training record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Behavioral Health. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date

INSERT PERSONAL HISTORY QUESTIONS

INSERT ACADEMIC SUMMARY FORM

INSERT BACKGROUND CHECK FORM

INSERT TRAINING AND SUPERVISION PLAN

INSERT EVALUATION OF SUPERVISED EXPERIENCE FORM