

**MONTANA BOARD OF BEHAVIORAL HEALTH**  
**PO BOX 200513**  
**301 S PARK, 4<sup>TH</sup> FLOOR**  
**Helena, MT 59620-0513**  
**Phone: 406-444-6880**  
**Email: [dlibsdhhelp@mt.gov](mailto:dlibsdhhelp@mt.gov) Website: [www.bbh.mt.gov](http://www.bbh.mt.gov)**

**LICENSED CLINICAL PROFESSIONAL COUNSELOR CANDIDATE 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

**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.

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Legal Signature of Applicant

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Date

**INSERT PERSONAL HISTORY QUESTIONS**

**INSERT ACADEMIC SUMMARY FORM**

**INSERT BACKGROUND CHECK FORM**

**INSERT TRAINING AND SUPERVISION PLAN**

