



Academic Summary for Professional Counseling (LCPC) for the Board of Behavioral Health

Last updated: 3/20/2025

Submit this form in addition to official transcripts from your school. Upload the form to your online application, or email it to dlibsdbbh@mt.gov.

Name: _____ Phone: _____

Is your master's degree accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP)? ☐ Yes ☐ No

If yes, skip to the bottom and sign and date. If no, list all courses meeting the requirements, then sign and date. Use additional sheets if necessary.

Professional Counseling Orientation and Ethical Practice

Course Name	Course Number	Credits

Counseling Practice and Relationships

Course Name	Course Number	Credits

Social and Cultural Identities and Experiences

Course Name	Course Number	Credits

Group Counseling and Group Work

Course Name	Course Number	Credits

Lifespan Development

Course Name	Course Number	Credits

Assessment and Diagnostic Processes

Course Name	Course Number	Credits

Career Development

Course Name	Course Number	Credits

Research and Program Evaluation

Course Name	Course Number	Credits

I the undersigned attest that the information reported on this form is true and complete to the best of my knowledge.

Signature: _____ Date: _____