



# 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](mailto: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: \_\_\_\_\_