



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

Submit this form in addition to official transcripts from your school. Upload the form to your online application, or email it to [dlibsdlhelp@mt.gov](mailto:dlibsdlhelp@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: \_\_\_\_\_