

STATE OF MAINE
COUNSELING PROFESSIONALS LICENSURE
APPLICATION FOR PASTORAL LICENSURE



Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
TTY/HEARING IMPAIRED (207) 624-8563
Email: diane.l.staples@state.me.us

Office located at: 122 Northern Avenue, Gardiner, Maine

Last Revised: 5/2000



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Counseling Professionals Licensure

35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

(207) 624-8563 (TTY/HEARING IMPAIRED)

ANGUS S. KING, JR.
GOVERNOR

ANNE L. HEAD
DIRECTOR

Dear Applicant:

The application material you have requested from the Board of Counseling Professionals Licensure is enclosed. It contains all of the information you will need to complete your application. Please read the forms, the laws and the rules carefully. Follow the directions in the rules for licensure eligibility requirements appropriate to the category of license for which you are applying. Do not rely solely on the applicant information sheet enclosed. This document is intended to be just a quick checklist and is furnished for your convenience. Be sure to read the laws and rules.

If you have questions about the application package you are about to send to us, please feel free to call our office. However, once you have submitted your application, we ask that you refrain from calling the office to inquire about the status of your application. If the application package you submit to us is complete, it will be prepared and presented to the board for official action. If there are deficiencies about your application, it will be returned to you together with a notice that your application is incomplete for the reasons noted. Any application received by the board must be complete before the Board will review it. **If all components of the application are not complete 10 days prior to the Board meeting the application will not be reviewed at that Board meeting.** Due to the volume of applications being reviewed by the board at any given time, we cannot guarantee a particular review date, but the board will endeavor to expedite the review of your application.

Results of the board's action will not be provided by phone. Therefore, we ask that you refrain from calling our office after the meeting to receive telephone results of board actions. You will be notified, in writing, within two weeks of the board meeting, of the board's decision regarding your application. Calling our office will cause a delay in notifications being prepared for mailing. We appreciate your thoughtful attention to this request.

It is not within the scope of the staff of this office who work with the Board of Counseling Professionals Licensure to answer questions, or address concerns, underlying decisions made, or actions taken, by the board; these must be submitted in writing to the Board at this address. A written response will be provided.

We wish you well with your application for Maine licensure, and look forward to receiving your material soon.

Sincerely,

Board of Counseling Professionals Licensure



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**LICENSURE (SEE CHAPTER 6 OF RULES FOR APPLICATION PROCEDURE)
(SEE CHAPTER 2, SECTION 4 OF RULES FOR REQUIREMENTS
Licensed Pastoral Counselor**

A COMPLETE APPLICATION FOR LICENSURE SHALL INCLUDE THE FOLLOWING:

- Completed and Signed Application Form. ([Attachment 1](#))
- Application Fee of \$40.00 (Non-Refundable).
- License Fee: Permanent License Fee \$200.00
- Completed Criminal History Form (enclose separate check for \$8.00 made payable to treasurer, State of Maine) ([Attachment 2](#))
- Official Transcript - forwarded directly to the Board by the academic institution holding the transcript (If the transcript does not indicate the number of on-site internship clock hours, a letter from a school official documenting the number of clock hours in the internship will be required- [Attachment 6](#)) (Applicant should also submit a course brochure/catalog which describes courses. A course syllabus should be submitted, if the brochure/catalog does not adequately describe course content).
- Completed Supervisor's Affidavit forms. ([Attachment 5](#)).
- Reference Forms-3 forms to be completed by professionals in the counseling field.([Attachment 4](#))
- Official proof of a passing score on an examination as prescribed in the Rules - forwarded to the Board directly by the organization holding the test scores or a request for examination ([Attachment 8](#))
- A copy of your Disclosure Statement. ([Attachment 11](#))
- Education Worksheet for appropriate license applied for. ([Attachment 10](#))
- Applicants for licensure as a Pastoral Counselor must also submit proof of call, appointment or charge by a church, synagogue, religious order or other clearly defined legal religious organization to perform these services as a function of ministry.

Page 1



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FAX: (207)624-8637

**A COMPLETE APPLICATION FOR LICENSURE COMITY SHALL INCLUDE THE FOLLOWING:
(SEE CHAPTER 5 OF THE BOARDS RULES)**

- Completed and Signed Application Form. ([Attachment 1](#))
- Application Fee of \$40.00 (Non-Refundable).
- License Fee: Permanent License Fee \$200.00
- Completed Criminal History Form (enclose separate check for \$8.00 made payable to treasurer, State of Maine) ([Attachment 2](#))
- Official Transcript - forwarded directly to the Board by the academic institution holding the transcript (If the transcript does not indicate the number of on-site internship clock hours, a letter from a school official documenting the number of clock hours in the internship will be required- [Attachment 6](#))
- A copy of the relevant licensing law and Board rules of the licensing or certifying state of jurisdiction
- A copy of the current license
- Verification of licensure in another state ([Attachment 7](#))
- A copy of your disclosure statement ([Attachment 11](#))



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APPLICATION FOR PASTORAL LICENSURE

A LICENSE FEE & AN APPLICATION FEE ARE REQUIRED FOR EACH LICENSE APPLIED FOR
 (Make Checks Payable to the Maine State Treasurer)

CHECK APPROPRIATE CATEGORY:

- Standard Licensure**
- Licensure By Comity**

PERSONAL INFORMATION:

Name _____ SSN # _____ - _____ - _____
 Mailing Address _____ City _____
 State _____ Zip Code _____ County _____
 Daytime Telephone () _____ Date of Birth _____

WORK INFORMATION:

Workplace _____
 Street/P.O. Box _____ City _____ State _____
 Zip Code _____ Work Telephone () _____

Attachment 1-Page 1



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 GARDINER, MAINE

EDUCATION: (Official transcripts must be submitted directly from Institution)

Institution Name & Address _____

Degree Granted & Date Conferred _____

Institution Name & Address _____

Degree Granted & Date Conferred _____

Institution Name & Address _____

Degree Granted & Date Conferred _____

COUNSELING EXPERIENCE:

1. Workplace Name _____

Address _____

Dates Employed _____

2. Workplace Name _____

Address _____

Dates Employed _____

3. Workplace Name _____

Address _____

Dates Employed _____

SUPERVISORS:

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

CREDENTIALING HISTORY: (If you answer YES on any of #2 - #5, please attach an explanation of each on a separate sheet)

1. Have you ever held a professional license/certification/registration in this or any other state/country? [] YES [] NO

If yes, what profession? _____

Where? _____ Expiration Date _____

2. Has your license/certification/registration or professional membership ever been disciplined? [] YES [] NO

3. Have you ever been convicted of a crime other than a minor traffic violation? [] YES [] NO

If yes, please describe in detail the date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

4. Do you have pending against you any complaints from a regulatory board or professional organization? [] YES [] NO

5. Have you ever been or are you currently a defendant in a civil proceeding related to your professional activities? [] YES [] NO

6. Have you ever taken a Counseling Examination? [] YES [] NO

If yes: Where? _____ Which Exam? _____ Date Taken? _____

COMITY: (See Chapter 5 of the Board Rules)

License Issue Date _____ State/Country _____

Issuing Authority _____

Have you taken a qualifying examination in any other state? [] YES [] NO

If yes: Where? _____ Which Exam? _____ Date Taken? _____

I HAVE READ AND COMPLETED THIS APPLICATION AND I ATTEST THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE TO FOLLOW THE CODE OF ETHICS AS APPROVED BY THE BOARD.

SIGNED _____ DATE _____



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ANNE L. HEAD
DIRECTOR

TO: PROSPECTIVE APPLICANT
FROM: OFFICE OF LICENSING & REGISTRATION
RE: CRIMINAL RECORDS CHECK

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Please complete the applicant information section and return it to the Board of Occupational Therapy with your completed application and supporting documentation as may be necessary.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. The Department of Public Safety will not accept Visa or MasterCard as payment for the Criminal History Record Check. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

(Clerk Name and Phone Number) **Diane L. Staples**
(207) 624-8626



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DIRECTOR

CRIMINAL HISTORY RECORD CHECK FEE: \$8.00

Make checks payable to: Treasurer, State of Maine
Submit this Application with License Application

APPLICANT INFORMATION

Name: _____		
Last	First	Middle
Address: _____		
Social Security/Federal I.D. #: _____		Date of Birth: _____
Any other names used: _____		

Please return the criminal history record information or a notice of no record to the following:

REQUESTING AGENCY INFORMATION

(Office Use Only)

Date: _____	Contact Person: DIANE L. STAPLES
Agency Name & Address:	Office of Licensing and Registration Board of Counseling Professionals Licensure 35 State House Station Augusta, Maine 04333-0035

[Attachment 2](#)



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ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

NAME: _____

ADDRESS: _____

PHONE: () _____ **SOCIAL SECURITY #** _____

ACCOMMODATIONS REQUESTED FOR THE _____ EXAMINATION
(CHECK ALL THAT APPLY)

- ACCESSIBLE TESTING SITE
 - SEPARATE TESTING AREA
 - BRAILLE
 - LARGE PRINT
 - TAPE
 - READER AS ACCOMMODATION FOR VISUAL IMPAIRMENT
 - SCRIBE/AMANUENSIS AS ACCOMMODATION FOR VISUAL OR MOTOR IMPAIRMENT
 - READER AS ACCOMMODATION FOR LEARNING DISABILITY
 - SCRIBE/ANANUESIS AS ACCOMMODATION FOR LEARNING DISABILITY
 - SIGN LANGUAGE INTERPRETER
 - EXTENDED TIME
 - TIME-AND-A-HALF
 - DOUBLE TIME
 - MORE THAN DOUBLE TIME(SPECIFY): _____
 - USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (SPECIFY): _____
 - OTHER _____
- COMMENTS: _____

SIGNED: _____ DATE: _____

Attachment 3-Page 1

SOME ACCOMMODATION REQUESTS MAY REQUIRE ADDITIONAL DOCUMENTATION
(see page 2)



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DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known _____ since _____ in my capacity as a
(test applicant) (date)

(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

- TAPED TEST
- LARGE PRINT TEST
- READER
- SCRIBE/AMANUENSIS
- EXTENDED TIME:
- TIME-AND-A-HALF
- DOUBLE TIME
- MORE THAN DOUBLE TIME (PLEASE JUSTIFY)
- SEPARATE TESTING AREA
- USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (PLEASE SPECIFY):

OTHER (PLEASE SPECIFY): _____

SIGNED: _____ TITLE: _____

DATE: _____ LICENSE # (if applicable): _____



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:		Telephone #: (____) _____ - _____
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____ **Card number**

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ **Date:** ____/____/____



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DIRECTOR

REFERENCE FORM

**EACH APPLICANT MUST HAVE ONE FORM COMPLETED BY THREE DIFFERENT COUNSELING PROFESSIONALS.
PLEASE PRINT OR TYPE**

Name of applicant _____ SS# _____ - _____ - _____

Address _____ City _____

State _____ Zip Code _____ Phone#(_____) _____ - _____

Name of Counseling Professional _____

Address _____ City _____

State _____ Zip Code _____ Phone #(_____) _____ - _____

Professional title _____

Relationship to Applicant _____

It is required that each applicant shall demonstrate trustworthiness, ethical integrity and competence to engage in the practice of counseling in such a manner as to safeguard the interests of the public.

Do you believe that the above said applicant demonstrates trustworthiness, ethical integrity and competence? Yes _____ No _____

COMMENTS: _____

Signature of Counseling Professional

Date

Attachment 4



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REFERENCE FORM

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PLEASE PRINT OR TYPE**

Name of applicant _____ SS# _____ - _____ - _____

Address _____ City _____

State _____ Zip Code _____ Phone #(_____) _____ - _____

Name of Counseling Professional _____

Address _____ City _____

State _____ Zip Code _____ Phone #(_____) _____ - _____

Professional title _____

Relationship to Applicant _____

It is required that each applicant shall demonstrate trustworthiness, ethical integrity and competence to engage in the practice of counseling in such a manner as to safeguard the interests of the public.

Do you believe that the above said applicant demonstrates trustworthiness, ethical integrity and competence? Yes _____ No _____

COMMENTS: _____

Signature of Counseling Professional

Date

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REFERENCE FORM

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PLEASE PRINT OR TYPE**

Name of applicant _____ SS# _____ - _____ - _____

Address _____ City _____

State _____ Zip Code _____ Phone #(_____) _____ - _____

Name of Counseling Professional _____

Address _____ City _____

State _____ Zip Code _____ Phone #(_____) _____ - _____

Professional title _____

Relationship to Applicant _____

It is required that each applicant shall demonstrate trustworthiness, ethical integrity and competence to engage in the practice of counseling in such a manner as to safeguard the interests of the public.

Do you believe that the above said applicant demonstrates trustworthiness, ethical integrity and competence? Yes _____ No _____

COMMENTS: _____

Signature of Counseling Professional

Date

Attachment 4



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DIRECTOR

SUPERVISOR'S AFFIDAVIT

TO BE COMPLETED BY A SUPERVISOR IN ACCORDANCE WITH CHAPTER 2 OF THE RULES

(Please print or type) New Applicant _____ or conditionally licensed _____
Name of Applicant _____ SS# _____
Name of Approved Supervisor _____
Supervisor's License Title and Number _____
State of Licensure _____ Original Date _____ Expiration Date _____ Years in Practice _____
Facility or Agency _____
Address _____ City _____ State _____
Zip Code _____ County _____ Telephone # _____

IN WHICH SPECIALTY AREA: (Please check)

Clinical Professional Counselor _____ Professional Counselor _____
Marriage and Family Therapist _____ Pastoral Counselor _____

SUPERVISION (List number of hours)

Individual _____ Group Supervision _____ Total number of supervision hours _____

SUPERVISED EXPERIENCE (List number of hours)*

Hours of direct counseling with individuals _____ couples _____ families _____ groups _____
Total hours of direct counseling _____
Supervised experience in counseling other than the direct provision of counseling _____
Total number of hours of supervised experience _____

On the supervisor's stationary, signed and dated, please comment on the following:

1. Please describe the applicant's functions in terms of prevention, diagnosis and treatment of mental illness/disorders and psychosocial treatment:
2. Please state briefly the licensee's personal character, ethical conduct, and competence:
3. Please comment on the licensee's ability to function as a counselor (i.e. strengths and weaknesses):

I HEREBY ATTEST THAT THE ABOVE-NAMED APPLICANT IS/WAS UNDER MY SUPERVISION FROM THE PERIOD OF _____ TO _____. I ATTEST THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Supervisor's Signature _____ Date _____
Applicant's Signature _____ Date _____

If out-of state supervisor, please submit proof of license. Any clarification necessary for completion of this form must be provided by the applicant.*Pastoral counselor supervisors will be required to follow requirements in Chapter 2, Section 4, C of the Rules.

[Attachment 5](#)



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DIRECTOR

DEGREE/INTERNSHIP VERIFICATION FORM

DATE _____

TO: Board of Counseling Professionals Licensure
Division of Licensing & Enforcement
35 State House Station
Augusta, ME 04333

Student Name: _____ SS# _____

Institution: _____

Address: _____

Degree Verification

Date of Graduation: _____ Program: _____

Degree Awarded: _____ Accreditation: _____

Concentration in which degree was awarded: _____

Internship Verification

Dates of Internship: _____ Clock Hours: _____

Signature of Person Verifying Degree/Internship: _____

Please Print Name: _____ Title: _____

Department: _____ Date: _____

Attachment-6



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DIRECTOR

VERIFICATION OF LICENSURE IN OTHER STATE

DIRECTIONS TO APPLICANT:

Complete front portion of form and forward one to each state where you hold or have held a license to practice counseling, family therapy or pastoral counseling.

To: _____ I am applying for a license in the State of _____
State Board

Maine to practice as a _____. I was granted license # _____

license type _____ on _____ by the State of _____.

The Maine Board of Counseling Professionals Licensure requests that I submit verification that my license in the State of _____ is in good standing.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Maine Board of Counseling Professionals Licensure. Your early attention is appreciated.

Signature: _____

Print Name: _____

Date: _____

Note: Because some States charge a fee to complete this form, you should check _____ with each State before mailing.

(Page 2 to be completed by State)

Attachment 7-Page 1



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(207)624-8653 (TTY/HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE

DIRECTIONS TO STATE BOARD: Please complete and return form to the following address:
MAINE BOARD OF COUNSELING PROFESSIONALS LICENSURE
#35 STATE HOUSE STATION
AUGUSTA, MAINE 0433

Name of Licensee: _____ License Type: _____

License #: _____ Date Issued: _____

License Current: Yes _____ No _____ Expiration Date: _____

Name of Exam Taken: _____ Date Exam Passed: _____

If no exam was taken, how was license obtained?

1. Grandfathered: _____ 2. Endorsement/Comity: _____ State: _____

What were the requirements for education and supervision at the time the license was issued?

Are there any pending complaints against this licensee?

Yes _____ No _____

Have there been any other actions taken against this licensee?

Yes _____ No _____

Explanation of above if answer is yes: _____

State Board Seal

Signature and Title: _____

Date: _____



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DIRECTOR

EXAMINATION

APPLICANTS WHO APPLY FOR EXAMINATION MUST SUBMIT ALL MATERIALS REQUIRED FOR LICENSURE BEFORE APPROVAL TO SIT FOR AN EXAMINATION WILL BE GRANTED. APPLICATION FOR EXAMINATION MUST BE SUBMITTED AT LEAST 90 DAYS PRIOR TO EXAM.

APPLICATION FEES MAY BE PAID BY CHECK. CHECKS ARE TO BE MADE PAYABLE TO THE "MAINE STATE TREASURER".

THE BOARD DOES NOT TAKE AN ADVISORY ROLE IN AN APPLICANT'S COURSE SELECTION. TO DETERMINE IF YOU HAVE MET THE MINIMUM REQUIRED CORE COURSES AND/OR IF YOU QUALIFY FOR LICENSURE, PLEASE CAREFULLY READ THE BOARD'S LAW AND RULES.

BOARD MEETINGS ARE USUALLY HELD THE FOURTH MONDAY OF EACH MONTH. IN ORDER TO BE REVIEWED, APPLICATIONS MUST BE RECEIVED AT LEAST 2 WEEKS PRIOR TO THE BOARD MEETING.

YOU WILL BE INFORMED OF THE RESULTS OF THE APPLICATION IN WRITING APPROXIMATELY TWO WEEKS AFTER THE BOARD MEETING. RESULTS OF THE APPLICATION REVIEW WILL NOT BE GIVEN OVER THE TELEPHONE.



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FAX: (207)624-8637

(207)624-8653 (TTY/HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE



ANGUS S. KING, JR.
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Counseling Professionals Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(207) 624-8563 (TTY/HEARING IMPAIRED)

ANNE L. HEAD
DIRECTOR

REQUEST FOR EXAMINATION

APPLICANTS WHO APPLY FOR EXAMINATION MUST SUBMIT ALL MATERIALS REQUIRED FOR LICENSURE BEFORE APPROVAL TO SIT FOR AN EXAMINATION WILL BE GRANTED.

Please check the appropriate examination, fill in the information requested below and **return this form** will all other required application materials to the Maine Board of Counseling Professionals Licensure, 35 State House Station, Augusta, ME 04333.

Applicant for licensure as Professional Counselor, Clinical Professional Counselor, or Pastoral Counselor.

(NCE)_____ App. deadline: 10/12/1999 Exam Date: 01/22/2000
App. deadline: 01/10/2000 Exam Date: 04/15/2000
App. deadline: 07/10/2000 Exam date: 10/21/2000
App. deadline: 10/10/2000 Exam date: 01/2001

Applicant for licensure as Marriage and Family Therapist.

(PES)_____ App. Deadline: 02/07/2000 Exam Date: 05/12/2000
App. Deadline: 08/14/2000 Exam Date: 11/17/2000

If you require special accommodations, please fill out the **Accommodation Request Form** and return it with your application materials.

.....
(Please Print)

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

TELPEHONE #: work _____ home _____ DATE: _____

Attachment 8



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DIRECTOR

PREPARATION GUIDE FOR THE NATIONAL COUNSELOR EXAMINATION FOR LICENSURE AND CERTIFICATION (NCE)

The Official Guide for the NCE

- Describes the NCE
- Answers commonly asked questions about the NCE
- Suggests test-taking strategies
- Helps you assess your strengths & weaknesses regarding the subject matter covered by the exam
- Assists you in setting study priorities
- Lists over 40 potential resources for study and review
- Provides 134 practice examination questions
- Includes 38 former examination questions with justified responses

Developed and distributed by the National Board for Certified Counselors (NBCC), this guide will help you understand and prepare for the National Counselor Examination for Licensure and Certification (NCE). In an effort to reduce anxiety regarding the examination, we have tried to anticipate your questions about the nature of the examination and the testing procedures.

Price: \$24.95 (Price includes postage and handling)

To order your preparation guide for the NCE, please detach the bottom portion of this form and mail it with your check, money order, or credit card information to:

**NBCC/NCE Preparation Guide
3-D Terrace Way
Greensboro, NC 27403**

Please send me _____ copy(s) of the PREPARATION GUIDE for the NATIONAL COUNSELOR EXAMINATION for LICENSURE and CERTIFICATION.

I am enclosing a check or money order payable to NBCC in the amount of _____, or please charge my: [] VISA [] MASTER CARD [] AMERICAN EXPRESS

Cardholder Name: _____ Account #: _____

Expiration Date: _____ Amount Charged: _____

Send preparation guide to: Name _____

Address _____

Telephone _____

Attachment 9



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**Educational Requirements Worksheet for
Licensed Pastoral Counselor**

INSTRUCTIONS: Place the relevant course(s) from your transcripts into the appropriate category on the worksheet. A single course may be listed only once and may **NOT** be used to fulfill more than one content area. **NOTE:** You must attach a college catalog, description or syllabus to substantiate the specific material included in each course listed on the worksheet. Also, include a letter from the University where you took your internship verifying the total number of on-site hours completed.

Content Area	Course No.	Course Title	Credit Hours	
			Qrt.	Sem.
1. Foundational Courses				
2. Theory & Practice of Pastoral Counseling				
3. Psychopathology				

NOTE: There must be a total of 20 credit hours in 1-3 above.

4. Clinical/Pastoral Education				
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NOTE: The following page contains the definitions of the above content areas

PLEASE BE SURE TO INCLUDE THIS COMPLETED WORKSHEET WITH YOUR APPLICATION

Attachment 10-Page 1



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GARDINER, MAINE

Educational Requirements for Licensed Pastoral Counselor

Chapter 2, Section 4A1 a,b,c

Foundational Courses: Coursework in this area includes, but is not limited to, the following: clinical theology, phenomenology, psychology of the religious experience, depth psychology, anthropology, the problem of evil, the problem of suffering.

Theory and Practice of Pastoral Counseling: Coursework in this area includes, but is not limited to, the following: personality theories, theories of counseling, counseling modalities, pastoral counseling, group dynamics and group counseling, family systems, couples counseling, family counseling, statistics, psychological testing, ethics in pastoral counseling, specialty counseling such as addicts, and specialty areas such as agoraphobia, eating disorders, pastoral diagnosis and treatment.

Psychopathology: Coursework in this area includes, but is not limited to, the following: major mental illnesses, developmental disorders, character disorders, as described in the Diagnostic and Statistical Manual for the Treatment of Mental Disorders, herein after referred to as DSM. It can include diagnosis and treatment of the mental disorders, ecclesiogenic diseases and psychopharmacology.

Clinical Pastoral Education: Clinical pastoral education is a 400 contact hour internship in a supervised ministry to persons in crisis. Under the supervision of a certified supervisor, and with a small group of peers, the student practices ministry to persons, and reflects on that ministry in individual and group supervision. Development of a pastoral identity and the integration of the person of the student chaplain into the ministry is a central goal. Counseling skills used in pastoral counseling are an essential element of the program.



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ANNE L. HEAD
DIRECTOR

SUGGESTED FORMAT FOR DISCLOSURE STATEMENT

Disclosure Statement

- A. Name, M.S.**
Such-and-such Counseling Service
555 Main Street
City, Maine (207) 666-7777
- B. Degree:** Highest degree and related field of study
Licensure: Pastoral, original: 5/93 expiration: 5/99
- C. Areas of competence** - I am trained for work with individuals, couples, and(continued concisely, but with a much detail as necessary to give clients an idea of the range of your skills).
- D. Course of treatment** - At the first interview(Include a description of your usual process of intake, assessment, goal setting, and treatment planning -- designed to give prospective client an idea of what to expect).
- E. Confidentiality** - A statement indicating the limits and scope of confidentiality. The following exceptions **must** be included:
 1. Threat of serious harm to self or others.
 2. Reasonable suspicion of child abuse, or abuse of elder or any incapacitated person.
 3. Court order.
 4. Voluntary release signed by client or guardian.
 5. In defense against legal action or formal complaint which client makes before a court or regulatory board.
 6. During supervisory consultations.
- F. Supervision** – A statement indicating supervision arrangement of counselor, when applicable.
- G. Fee schedule, hours of business, policy regarding third party payments** - explained with whatever words provide information with clarity.
- H. Accountability** - A statement to the effect that “the practice of counseling is regulated by the Department of Professional and Finance Regulation, and complaints may be registered by contacting: Board of Counseling Professionals Licensure
35 State House Station
Augusta, ME 04333
(207) 624-8626
Additional accountability procedures that may pertain to professional organizations.

Attachment 11



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