

STATE OF MAINE
COUNSELING PROFESSIONALS LICENSURE
APPLICATION FOR REGISTRATION



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



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

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 registration eligibility requirements. 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 registration, and look forward to receiving your material soon.

Sincerely,

Board of Counseling Professionals Licensure



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REGISTRATION - (SEE CHAPTER 3 OF RULES FOR REQUIREMENTS)

A COMPLETE APPLICATION FOR REGISTRATION SHALL INCLUDE THE FOLLOWING:

- Completed and signed Application. ([Attachment 1](#))
- Application fee of \$40.00 (Non-Refundable).
- Registration fee of \$50.00.
- A copy of your Disclosure Statement. ([Attachment 3](#))
- Completed Criminal History Form (enclose separate check for \$8.00 made payable to treasurer, State of Maine) ([Attachment 2](#))



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TRAINING

1. Sponsoring agency or organization_____
 2. Sponsor's mailing address_____
 3. Objectives of training_____
 4. Any statements of education and training shall be accompanied by documentation, i.e. copy of diploma, transcript, course certificate, etc._____
 5. Date(s) of training_____
 6. Number of hours of training_____
 7. Certificate earned? () Yes () No If yes, please attach a copy.
 8. Document hours earned: College Credits_____CEUs_____Contact Hours_____
- *****

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8. Document hours earned: College Credits_____CEUs_____Contact Hours_____

EDUCATION : (Specify highest degree)

Include major fields of study, including degrees and professional certifications held, and from where they were conferred.

	School Name & Address	Total Credit Hours	Date Graduated	Major	Minor	Degree	Number of Relevant Credit Hrs.
High School		N/A		N/A	N/A	N/A	N/A
GED		N/A		N/A	N/A	N/A	N/A
College							
Graduate							
Post Graduate							
Other							

Total Relevant CreditHours

PAID WORK EXPERIENCE

1. Name of Employer_____
2. Complete Mailing Address_____
3. Your job title_____
4. Term of employment from _____ Month _____ Year to _____ Month _____ Year
5. My employer considered this (check one) [] full time [] half time [] Other, specify_____
6. Duties (be specific)_____

7. Name of Clinical Supervisor_____

PAID WORK EXPERIENCE

- 1. Name of Employer_____
- 2. Complete Mailing Address_____
- 3. Your job title_____
- 4. Term of employment from _____ Month _____ Year to _____ Month _____ Year
- 5. My employer considered this (check one) [] full time [] half time [] Other, specify_____
- 6. Duties (be specific)_____

7. Name of Clinical Supervisor_____

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- 2. Complete Mailing Address_____
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- 4. Term of employment from _____ Month _____ Year to _____ Month _____ Year
- 5. My employer considered this (check one) []full time []half time [] Other, specify_____
- 6. Duties (be specific)_____

7. Name of Clinical Supervisor_____

METHOD OF PAYMENT

Method of billing:(previous experience and policy with regard to third party payment)

The fee schedule and provision for pro bono (non-compensated) work or sliding scale modifications of the fee schedule.

CREDENTIALING HISTORY - If you answer YES on any of #2-#5, please attach an explanation of each.

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

If YES, what profession? _____ Where? _____ Exp. 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 been or are you currently a defendant in a civil proceeding related to your professional activities?
() YES () NO

I HAVE READ AND COMPLETED THIS APPLICATION AND I ATTEST THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I HEREBY AGREE TO ABIDE BY THE CLIENT BILL OF RIGHTS AND CODE OF ETHICS AS APPROVED BY THE BOARD.

SIGNED _____ DATE _____

IT IS THE RESPONSIBILITY OF THE APPLICANT TO SEE THAT ALL MATERIALS ARE COMPLETED AND RETURNED TO THIS BOARD. APPLICATIONS ARE NOT COMPLETE UNTIL ALL DOCUMENTS ARE RECEIVED.



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Board of Counseling Professionals Licensure
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GOVERNOR

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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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
Registration: 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
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Additional accountability procedures that may pertain to professional organizations.

Attachment 3



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