



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
**BOARD OF MENTAL HEALTH AND CHEMICAL
DEPENDENCY PROFESSIONALS**

TELEPHONE: (302) 744-4500
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WEBSITE: DPR.DELAWARE.GOV
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APPLICATION FOR LICENSED ASSOCIATE COUNSELOR OF MENTAL HEALTH INSTRUCTION SHEET

Before completing the application for licensure as an Associate Counselor of Mental Health (LACMH), both you, as the applicant, and your supervisor(s) should carefully read this entire instruction sheet, including the counseling experience and supervision requirements explained below. The hours of experience and supervision are documented on the **PLANNED DIRECT SUPERVISION** and **PLANNED PROFESSIONAL COUNSELING EXPERIENCE** forms in the application.

Associate Counselor of Mental Health POST-MASTERS MENTAL HEALTH COUNSELING EXPERIENCE REQUIREMENTS

When applying for Licensed Associate Counselor of Mental Health (LACMH), you must provide a written plan for acquiring the experience required in the Board's [Rules and Regulations](#). Your proposed supervisor must sign the plan.

Definitions to Understand

- Professional mental health counseling is the application of clinical counseling principles, methods or procedures including the diagnosis and treatment of mental and emotional disorders to assist individuals in achieving more effective personal and social adjustment. ([24 Del.C. § 3031\(4\)](#))
- Professional direct supervision is face-to-face consultation, on a regularly scheduled basis, between a supervisee and a Licensed Professional Counselor of Mental Health (LPCMH) or other behavioral health professional approved by the Board. The services rendered must be consistent with the supervisee's education, training and experience. ([24 Del.C. § 3031\(3\)](#))
- An *acceptable clinical supervisor* must have
 - at least two years of practice after licensure in any jurisdiction
 - no disciplinary record.

Requirements for Supervisors

If your proposed supervisor does **not** hold an active Professional Counselor of Mental Health license (LPCMH) in any jurisdiction (state, U.S. Territory or District of Columbia), the Board must **pre-approve** the supervisor.

You may request approval from the Board for supervision by a behavioral health professional with specialty *or* expertise in a clinical competency essential to your training **and** holds any of the following licenses in any jurisdiction:

- clinical social worker
- clinical psychologist
- physician specializing in psychiatry
- marriage and family therapists
- advanced practice registered nurses

If your proposed supervisor is **not** a professional licensed by the Delaware Board, the supervisor **must** attest that he/she has:

- read and is familiar with the requirements for licensure in Delaware, including the applicable statutes, rules and regulations
- the training to provide clinical supervision

Additionally, your proposed supervisor **must have**:

- been in practice for *at least* two years post-licensure with **no** disciplinary actions,
- completed a minimum of three hours of continuing education (CE) in clinical supervision within the past two years **or** a total of twelve hours of CE in clinical supervision in a lifetime, **and**
- no more than ten total supervisees at any one time.

**Associate Counselor of Mental Health
POST-MASTERS MENTAL HEALTH COUNSELING EXPERIENCE REQUIREMENTS
(continued)**

The proposed supervisor will be required to provide an official verification of professional licensure from that jurisdiction.

Certified school counselors and certified school psychologists are NOT approved clinical supervisors.

Breakdown of Hours of Counseling Experience Under Direct Supervision

You will be required to provide verification that you have completed a total of **at least 1,600 hours of post-Masters mental health counseling** while under the **direct supervision** of one or more **approved clinical supervisors**.

- At least 1,500 of the 1,600 hours must be actual face-to-face direct mental health counseling services. Of the 1,500 hours, at least 750 hours must be individual face-to-face client sessions and must involve providing direct mental health counseling services. The other 750 hours may be individual, group, couple or family counseling services or some combination of those services.
- At least 100 hours **must be** face-to-face professional direct supervision with your supervisor. Face to face supervision includes both in person and live video conferencing. Live video conferencing **must not exceed** 50 percent of the total 100 hours of supervision.
 - *Individual Direct Supervision must be* one to one, face to face meetings between the you and your supervisor. The entire 100 hour requirement may be fulfilled by individual supervision.
 - *Group Supervision must be* face to face meetings between the supervisor and no more than six supervisees. No more than 40 hours of group supervision shall be acceptable towards fulfillment of the 100 hour direct supervision requirement.

All of the required hours—whether or not directly supervised—must be completed in a period of not less than two but no more than four years.

Counseling Experience Not Under Direct Supervision

Your clinical or administrative supervisor(s) must verify that you have provided additional hours of post-Masters mental health counseling. These hours, when added to the 1,600 or more hours of direct supervision verified by your clinical supervisor(s), must total at least 3,200 hours..

For more information about the experience requirements, refer to Sections 2.4 of the Board's [Rules and Regulations](#).

Requirements for All Applications

Both you and your supervisor(s) should carefully follow the instructions for completing the forms. *Incomplete or incorrectly completed forms delay processing of the application.*

- ***The Board will not accept a resume in lieu of or in addition to the forms.***

- Submit completed, signed and notarized [Application for Licensed Associate Counselor of Mental Health](#).
 - Applications that are incomplete, unsigned or not notarized will be rejected.
- Enclose the non-refundable [processing fee](#) by check or money order made payable to the "State of Delaware."
 - Applications not accompanied by the required fee will be rejected.
- Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the form to arrange to be fingerprinted.
- Arrange for the Board office to receive verification of your National Counselor Examination scores (NCE), National Clinical Mental Health Counseling Examination (NCMHCE), or other examination acceptable to the Board as follows:
 - If you have passed the NCE or NCMHCE, follow the instructions for requesting a **score report** on the National Board Certified Counselors (NBCC) website at www.nbcc.org/Exams.
 - If you have passed another exam equivalent to the NCE or NCMHCE, arrange for the organization to send your score report directly to the Board office.
- Arrange for the Board office to receive a verification of licensure from each jurisdiction (state, U.S. territory, District of Columbia) where you now hold, or have ever held, a license to practice as a mental health professional.

- Arrange for your college/university to send an official transcript *directly* to the Board office.
- Documentation of your coursework is needed when your graduate program of studies is **not** from a regionally accredited institution of higher education **or** your degree is in a discipline other than clinical mental health counseling.
 - If you do **not** have a Master's degree in clinical mental health counseling with at least 60 graduate semester hours *or* an equivalent degree in clinical mental health counseling, submit the following:
 - completed *Evaluation of Coursework* form (included with the application)
 - course catalog or course descriptions
 - The degree you obtained **must** include the following areas:
 - Professional Counseling Orientation and Ethical Practice,
 - Social and Cultural Diversity,
 - Human Growth and Development,
 - Career Development,
 - Counseling and Helping Relationships,
 - Group Counseling and Group Work,
 - Assessment and Testing, **and**
 - Research and Program Evaluation
- Arrange for your *clinical supervisor(s)*, under whose supervision you will complete the required hours, to complete the form entitled **PLANNED DIRECT SUPERVISION**.
- Arrange for an *administrative supervisor* to complete the form entitled **PLANNED PROFESSIONAL COUNSELING EXPERIENCE** to verify the hours of post-Master's professional clinical counseling experience that you will receive while **not** under the direct supervision of an approved clinical supervisor. If you will have more than one period of experience, arrange for a separate box to be completed for each period of experience.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.



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APPLICATION FOR LICENSED ASSOCIATE COUNSELOR OF MENTAL HEALTH

IDENTIFYING AND CONTACT INFORMATION

- Full Name: _____
Last First Middle
- Other Names Used: _____ None
(Include maiden, prior married, alternate spellings)
- Date of Birth (month/day/year): _____ Gender: Male Female
- Have you been issued a U.S. Social Security Number? Yes No **If yes, enter your SSN:** _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
- Mailing Address: _____

City State Zip
- Phone: _____ Home _____ Work _____ Email: _____ None

EXAMINATION HISTORY

You must have passed the NCE or NCMHCE exam or other examination acceptable to the Board.

7. Enter the following information about your national examination:

✓	EXAMINATION NAME	DATE OF EXAM
<input type="checkbox"/>	NCE	
<input type="checkbox"/>	NCMHCE	
<input type="checkbox"/>	Other: _____	

Arrange for the organization to send verification of your scores *directly* to the Board office.

GRADUATE EDUCATION

- Enter this information about the program from which you received your highest degree.
Highest Degree Received: _____ Degree Date: _____
School Name: _____
Address: _____
Street City State Zip

If applying by examination, arrange for the school to send an official transcript *directly* to the Board office.

- Do you have a Master's degree in clinical mental health counseling with at least 60 graduate semester hours or an equivalent degree in clinical mental health counseling? Yes No **If no, submit**
 - completed the *Evaluation of Coursework* form**
 - course catalog or course descriptions.**

LICENSURE HISTORY

10. Have you ever held a license to practice as a mental health professional in any jurisdiction other than Delaware? Yes No If yes, enter the following information about *each* mental health license that you have *ever* held.

JURISDICTION	TYPE OF LICENSE HELD	LICENSE NUMBER	LICENSURE DATES	
			From	To

Arrange for the Board office to receive a verification of licensure from *each* jurisdiction where you have ever held a mental health professional license.

PLANS FOR DIRECT SUPERVISION AND PROFESSIONAL COUNSELING EXPERIENCE

Typically, the Board will **only** accept a LPCMH licensed in any jurisdiction (state, U.S. Territory or District of Columbia). The Board may accept another licensed mental health professional only if there is a compelling clinical reason to use an alternative supervisor.

11. Is your clinical supervisor a Delaware-licensed Professional Counselor of Mental Health? Yes No
If no, explain *in detail* (1) the steps you took to secure a Delaware-licensed LPCMH to supervise you and (2) why you are proposing another professional as your supervisor.

- Arrange for your *clinical* supervisor to complete and sign the form entitled **PLANNED DIRECT SUPERVISION** to verify the hours of direct supervision that you will receive. If you will receive direct supervision in more than one period under different supervisors, have the approved clinical supervisor for each period complete a form for the period during which he or she will supervise you.
- Arrange for an *administrative supervisor* to complete the form entitled **PLANNED PROFESSIONAL COUNSELING EXPERIENCE** to verify the hours of post-Master’s professional clinical counseling experience that you will receive while **not** under the direct supervision of an approved clinical supervisor. If you will have more than one period of experience, arrange for a separate box to be completed for each period of experience.

DISCLOSURES

12. Has any jurisdiction ever denied your application for licensure? Yes No **If yes, enclose a detailed explanation and all relevant documentation.**

13. Have you received any administrative penalties regarding your practice of professional mental health counseling in any jurisdiction (state, U.S. Territory or District of Columbia), including but not limited to the following:

- Fines? Yes No
- Formal reprimands? Yes No
- License suspensions? Yes No
- License revocations (except for non-payment of fees)? Yes No
- Probationary limitations? Yes No
- Other? Yes No If yes, what kind of penalty: _____

If yes to *any* item, enclose a detailed explanation and all relevant documents.

14. Are any disciplinary actions pending against you? Yes No **If yes, enclose a detailed explanation of any pending actions and all relevant documentation.**
15. Have you done any of the following grounds for discipline:
- committed or knowingly cooperated in a fraud or material deception in order to acquire a license? Yes No
 - impersonated another person holding a license? Yes No
 - allowed another person to use your license? Yes No
 - aided or abetted an unlicensed person to represent himself or herself as a licensee? Yes No
- If yes to any, enclose a detailed explanation of the violations and all relevant documentation.**
16. Do you currently excessively use or abuse drugs or have you done so in the past three years? Yes No **If yes, enclose a detailed explanation and all relevant documentation.**
17. Have you engaged in an act which involved consumer fraud or deception, restraint of competition, or price fixing? Yes No **If yes, enclose a detailed explanation and all relevant documentation.**
18. Do you have any impairment related to drugs or alcohol or a finding of mental incompetence by a physician that would limit your ability to act as a professional counselor of mental health or associate counselor of mental health in a manner consistent with the safety of the public? Yes No **If yes, enclose a detailed explanation and all relevant documentation.**
19. Have you been penalized for any willful violation of the code of ethics adopted by the Board, the NBCC code of ethics or other similar professional mental health counseling standard? Yes No **If yes, enclose a detailed explanation and all relevant documentation.**
20. Are you presently in violation of any Rule and Regulation set forth by the Delaware Board of Mental Health and Chemical Dependency Professionals? Yes No **If yes, enclose a detailed explanation of all such violations and all relevant documentation.**

Complete the Criminal History Record Check Authorization form to request State of Delaware and Federal Bureau of Investigations criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.

DUTY TO REPORT

21. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to report, in writing, within 30 days of becoming aware of information that you reasonably believe indicates that **any healthcare provider** including (but not limited to) any practitioner certified and registered to practice medicine in Delaware or licensed by the Board of Mental Health and Chemical Dependency Professionals
- has engaged, or is engaging, in conduct that would constitute grounds of discipline under their licensing laws, or
 - may be unable to practice with reasonable skill and safety to the public by reason of mental illness or mental incompetence, physical illness (including deterioration through the aging process or loss of motor skill), or excessive abuse of drugs (including alcohol).
- I certify that I have read and understand [24 Del. C. §3018](#), [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report* to the Division of Professional Regulation. Yes No
22. To obtain a Delaware license, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.
- I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes No
23. To obtain a Delaware license, you must certify that you understand that you have a **mandatory** duty to **self report** when your license to practice in another jurisdiction has been disciplined, surrendered, suspended or revoked.
- I certify that I have read and understand [24 Del. C. §3009 \(a\)\(7\)](#) and that I understand my *duty to self report*. Yes No

Continued on next page

To ensure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, allow 4-8 weeks to receive your license.

AFFIDAVIT

The undersigned applicant for Licensed Associate Counselor of Mental Health, being sworn, deposes and affirms that he or she is the person who executed this application; that the statements contained on this application are true in every respect; that he or she has not suppressed or withheld information that might affect this application; that he or she will abide by the laws and the ethical standards of this profession; and that he or she has read and understands this statement.

The applicant further affirms that he or she has read and understands the PLANNED DIRECT SUPERVISION and PLANNED PROFESSIONAL COUNSELING EXPERIENCE forms in the application and that he or she will promptly report any change in the plan to the Board office.

The applicant authorizes all jurisdictions to release any and all information regarding his/her disciplinary history and current status to the Delaware Board of Mental Health and Chemical Dependency Professionals.

Signature of Applicant: _____ Date: _____

State of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____ 2_____.

Signature of Notary: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.



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PLANNED DIRECT SUPERVISION

INSTRUCTIONS

The proposed clinical supervisor completes this **PLANNED DIRECT SUPERVISION** form to document hours that he or she will be directly supervising an LACMH. The following supervision information applies:

- Professional direct supervision is face-to-face consultation, on a regularly scheduled basis, between a supervisee and a Licensed Professional Counselor of Mental Health (LPCMH) or other behavioral health professional approved by the Board. The services rendered must be consistent with the supervisee's education, training and experience.
- The applicant must complete a total of **at least 1,600 hours of post-Masters direct mental health counseling experience** while under the **direct supervision** of one or more **approved clinical supervisors**.
 - At least 1,500 of the 1600 hours must be actual face-to-face direct mental health counseling services. Of the 1,500 hours, at least 750 hours must be individual face-to-face client sessions and must include actually providing direct mental health counseling services. The other 750 hours may be individual, group, couple or family counseling services or some combination of those services.
 - At least 100 hours **must be** face-to-face professional direct supervision with your supervisor. Face to face supervision includes both in person and live video conferencing. Live video conferencing **must not exceed** 50 percent of the total 100 hours of supervision.
 - *Individual Direct Supervision must be* one to one, face to face meetings between the you and your supervisor. The entire 100 hour requirement may be fulfilled by individual supervision.
 - *Group Supervision must be* face to face meetings between the supervisor and no more than six supervisees. No more than 40 hours of group supervision shall be acceptable towards fulfillment of the 100 hour direct supervision requirement.
- If the proposed supervisor is not licensed in Delaware, submit a verification of licensure history for the supervisor showing at least five years of post-licensure.

The LACMH must complete **all** of the required hours in a period of **not less than two but no more than four consecutive years**.

Applicant Name: _____
Last First Middle

INFORMATION ABOUT CLINICAL SUPERVISOR - To be completed by *Clinical Supervisor* only

1. Supervisor Name: _____
Last First Middle
2. Supervisor's Practice Name (if applicable): _____
3. Practice Address: _____

City State Zip
4. Phone: _____ Email: _____
5. Are you a Delaware-licensed LPCMH? Yes No If yes, enter your license number: PC - _____
If no, SKIP to Question 9. If yes, continue to Question 6.
6. Have you practiced for two years post-licensure in any jurisdiction? Yes No
7. Are any disciplinary proceedings or unresolved complaints pending against your license? Yes No
8. Is your license currently in good standing? Yes No **SKIP to the DIRECT SUPERVISION HOURS section.**
9. If your answer to Question 5 is **NO**, enter the following information about your professional licensure **and** complete Question 10:

✓	LICENSE(S) HELD (check all that apply)	JURISDICTION	LICENSE #	ISSUE DATE
<input type="checkbox"/>	Professional Counselor of Mental Health			
<input type="checkbox"/>	Clinical Social Worker			
<input type="checkbox"/>	Marriage and Family Therapist			
<input type="checkbox"/>	Psychologist			
<input type="checkbox"/>	Psychiatrist			
<input type="checkbox"/>	Advanced Practice Registered Nurse			

10. I certify that :

<input type="checkbox"/>	I have at least five years of post-licensure experience in good standing. Submit official verification of your license from that jurisdiction.
<input type="checkbox"/>	I have read and understand with the requirements for licensure in Delaware.
<input type="checkbox"/>	I have read and understand the statutes, rules and regulations of the Delaware Board of Professional Counselors of Mental Health and Chemical Dependency Professionals, 24 Del. C. §3001-3064 .

DIRECT SUPERVISION HOURS

This period must not span more than four years.

11. Enter the dates of planned post-Master's clinical experience that the applicant will provide under your direct supervision: From _____ To _____
Month/Year Month/Year
12. During the period entered above, how many total hours of face-to-face professional direct supervision will you provide to the applicant? _____ Of this total, enter the breakout:
 Individual supervision hours: _____ Group supervision hours: _____
13. During this period, how many hours of individual face-to-face direct client contact will the applicant provide under your direct supervision? _____ **(At least 750 of the 1,500 hours of direct mental health counseling experience must be individual face-to-face client sessions.)**
14. During this period, how many hours of group, couple, or family face-to-face direct client contact will the applicant provide under your direct supervision? _____ **(Must not exceed 750 hours)**
15. Describe the clinical activities in which the applicant will participate. (Examples include clinical assessments, crisis interventions, and individual/group counseling.) _____

16. I attest that I have discussed the following with the applicant before completing this form. Answer each question. **If you answer 'NO' or 'N/A' to any question, enclose a written statement explaining why.**

I have explained to the applicant that I have the training, credentials, and competence to provide supervision in Delaware.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have discussed my role and responsibilities with the applicant. These include:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
• Evaluating the applicant's clinical competence and preparedness to practice independently	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
• Ensuring that the applicant practices within the professional and ethical standards of the field	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
• Ensuring that the applicant is aware of the rules and regulations for practicing independently in Delaware	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have discussed a contingency plan for dealing with emergencies and crises.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have explained my model and style of supervision to the applicant.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have reviewed the supervisory feedback process, including performance appraisal, evaluation feedback, documentation, and feedback intervals.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have explained how I will assess the applicant's comprehension of ethical, legal, and professional requirements.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have ensured that the appropriate liability coverage is in place for the applicant and for myself.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have developed a process to address any issues or concerns regarding the applicant's performance, including the utilization of a third-party to remediate any performance issues, consultation for additional assistance, or options to address concerns.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have explained my role in endorsing the applicant for licensure or employment based on the applicant's demonstrated competence and qualifications and that I will not endorse an applicant whom I believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have explained to the applicant that I have the training, credentials, and competence to provide supervision to a LACMH/LAMFT pursuant to the regulations of Delaware Board of Mental Health and Chemical Dependency Professionals.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have the ethical and legal authority to access confidential client information of the supervisee. Note: For supervisors who are not employees of the clinical setting where the supervisee is seeing clients a written agreement between the supervisor and agency should be executed.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

I certify that I have personally completed this information and that the information provided herein is accurate and complete to the best of my knowledge.

Clinical Supervisor Signature: _____ **Date:** _____



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PLANNED PROFESSIONAL COUNSELING EXPERIENCE

INSTRUCTIONS

An administrative supervisor completes the **PLANNED PROFESSIONAL COUNSELING EXPERIENCE** form to document estimated additional hours of professional counseling experience that the applicant will accrue while **not** under the direct supervision of an approved clinical supervisor.

Remember that these *additional* experience hours, when added to the 1,600 or more hours of *direct* supervision verified by the approved clinical supervisor(s), must total *at least* 3,200 hours. *The LACMH must complete all of the required hours in a period of not less than two but no more than four consecutive years.*

Applicant Name: _____
Last First Middle

INFORMATION ABOUT PERSON VERIFYING EXPERIENCE – To be completed by *Administrative Supervisor* only

1. Name: _____
Last First Middle

2. Practice Name Where Experience Will Occur: _____

3. Describe Practice: _____

Examples include group practice, community mental health agency.

4. Practice Address: _____

City State Zip

5. Phone: _____ Email: _____ None

EXPERIENCE HOURS

6. Enter the period when you will supervise the LACMH: From _____ To _____
Month/Year Month/Year

***This period must
not span more than
four years.***

7. Calculate and enter the total number of hours of professional counseling experience that the applicant will engage in during this period while **not** under direct supervision of an approved clinical supervisor: _____

***Answers such as "40
hours/week" will not be
accepted.***

CERTIFICATION

I certify that I have personally completed this information and that the information provided herein is accurate and complete to the best of my knowledge.

Administrative Supervisor Signature: _____ **Date:** _____



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EVALUATION OF COURSEWORK

INSTRUCTIONS

Complete and submit this form if you do not have a Master's degree in clinical mental health counseling with at least 60 graduate semester hours *or* an equivalent degree in clinical mental health counseling. This applies when

- your graduate program of studies is *not* from a regionally accredited institution of higher education, *or*
- your degree is *not* in clinical mental health counseling but in a related discipline.

The degree you received must encompass the following eight (8) common core areas:

PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE	COURSE #	COURSE TITLE
History and philosophy of the counseling profession & its specialty areas		
The multiple professional roles and functions of counselors across specialty areas		
Counselor's roles and responsibilities as members of interdisciplinary community outreach & emergency management response teams		
The role and process of the professional counselor advocating on behalf of the profession		
Advocacy processes needed to address institutional and social barriers		
Professional counseling organizations & current issues		
Professional counseling credentialing and the effects of public policy on these issues		
Current labor market information relevant to opportunities for practice within the counseling profession		
Ethical standards of professional counseling organizations and applications of ethical and legal considerations		
Technology's impact on the counseling profession		
Strategies for personal and professional self-evaluation and implications for practice		
Self-care strategies appropriate to the counselor role		
The role of counseling supervision in the profession		
SOCIAL AND CULTURAL DIVERSITY	COURSE #	COURSE TITLE
Diverse groups multicultural and pluralistic characteristics		
Theories and models of multicultural counseling, cultural identity development and social justice and advocacy		
Multicultural counseling competencies		
The impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on views of others		
The effects of power & privilege for counselors & clients		
Help-seeking behaviors of diverse clients		
The impact of spiritual beliefs on clients' and counselors' worldviews		
Strategies for identifying and eliminating barriers, prejudices, & oppression and discrimination		

HUMAN GROWTH AND DEVELOPMENT	COURSE #	COURSE TITLE
Theories of individual and family development across the lifespan		
Theories of learning		
Theories of normal & abnormal personality development		
Theories & etiology of addictions & addictive behaviors		
Biological, neurological and physiological factors that affect human development, functioning, and behavior		
Systemic and environmental factors that affect human development, functioning, and behavior		
Effects of crisis, disasters, and trauma on diverse individuals across the lifespan		
A general framework for understanding differing abilities and strategies for differentiated interventions		
Ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan		
CAREER DEVELOPMENT	COURSE #	COURSE TITLE
Theories and models of career development, counseling, and decision making		
Approaches for conceptualizing the interrelationships among and between work, mental well-being, relationships, and other life roles and factors		
Processes for identifying and using career, vocational, educational, occupational and labor market information resources, technology, and information systems		
Approaches for assessing the conditions of the work environment on clients' life experiences		
Strategies for assessing abilities, interests, values, personality and other factors that contribute to career development		
Strategies for career development program planning, organization, implementation, administration, and evaluation		
Strategies for advocating for diverse clients' career and educational development and employment opportunities in a global economy		
Strategies for facilitating client skill development for career, educational, and life-work planning and management		
Methods of identifying and using assessment tools and techniques relevant to career planning and decision making		
Ethical and culturally relevant strategies for addressing career development		
COUNSELING AND HELPING RELATIONSHIPS	COURSE #	COURSE TITLE
Theories and models of counseling		
A systems approach to conceptualizing clients		
Theories, models & strategies for understanding & practicing consultation		
Ethical & culturally relevant strategies for in-person & technology-assisted relationships		
The impact of technology on the counseling process		
Counselor characteristics & behaviors influencing counseling process		
Essential interviewing, counseling & case conceptualization skills		
Developmentally relevant counseling treatment or intervention plans		
Development of measurable outcomes for goals		
Theories and models of counseling		

GROUP COUNSELING AND GROUP WORK	COURSE #	COURSE TITLE
Evidence-based counseling strategies and techniques for prevention and intervention		
Strategies to promote client understanding of and access to a variety of community-based resources		
Suicide prevention models and strategies		
Crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid		
Processes for aiding students in developing a personal model of counseling		
Theoretical foundations of group counseling and group work		
Dynamics associated with group process and development		
Therapeutic factors and how they contribute to group effectiveness		
Characteristics and functions of effective group leaders		
Approaches to group formation, including recruiting, screening, and selecting members		
Types of groups and other considerations that affect conducting groups in varied settings		
Ethical and culturally relevant strategies for designing and facilitating groups		
Direct experiences in which students participate as group members in a small group activity (min of 10 clock hours)		
ASSESSMENT AND TESTING	COURSE #	COURSE TITLE
Historical perspectives concerning the nature and meaning of assessment and testing in counseling		
Methods of effectively preparing for and conducting initial assessment meetings		
Procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide		
Procedures for identifying trauma and abuse and for reporting abuse		
Use of assessments for diagnostic and intervention planning purposes		
Basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments		
Statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations		
Reliability and validity in the use of assessments		
Use of assessments relevant to academic/educational, career, personal, and social development		
Use of environmental assessments and systematic behavioral observations		
Use of symptom checklists, and personality and psychological testing		
Use of assessment results to diagnose developmental, behavioral, and mental disorders		
Ethical & and culturally relevant strategies for selecting, administering, and interpreting assessment and test results		
RESEARCH AND PROGRAM EVALUATION	COURSE #	COURSE TITLE
The importance of research in advancing the counseling profession, including how to critique research to inform counseling practice		
Identification of evidence-based counseling practices s		
Needs assessment		
Development of outcome measures for counseling programs		
Evaluation of counseling interventions and programs		

RESEARCH AND PROGRAM EVALUATION, continued	COURSE #	COURSE TITLE
Qualitative, quantitative, and mixed research methods		
Designs used in research and program evaluation		
Statistical methods used in conducting research and program evaluation		
Analysis and use of data in counseling		
Ethical and culturally relevant strategies for conducting, interpreting, and reporting the results of research and/or program evaluation		

Submit a course catalog or course descriptions in addition to this form.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DeIDOT & Troop 4)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**

⇒ **ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).