

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health**  
**Health Professional Licensing Administration**



**Board of Professional Counseling**

**APPLICATION INSTRUCTIONS AND FORMS  
TO PRACTICE PROFESSIONAL COUNSELING  
IN THE DISTRICT OF COLUMBIA**

Your interest in becoming license as a Professional Counselor in the District of Columbia is welcome. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully. All fees are earned when paid, and cannot be transferred or refunded except as specified in these instructions.

This package contains the forms to apply for a Professional Counseling license in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form.

**THE APPLICATION PROCESS**

Upon submission of the required application documents, the DC Board of Professional Counseling will review your application. The Board of Professional Counseling meets once each month. Upon final board approval, you will be issued a license to practice in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, HPLA's staff will notify you of the deficiencies. If the Board has questions or concerns, you will also be notified.

**WHERE TO FILE**

Documents should be sent to the following address:

Department of Health  
Health Professional Licensing Administration  
Board of Professional Counseling  
899 North Capitol Street, NE  
First Floor  
Washington, DC 20002

If you have any questions, call HPLA's Customer Service line at 1-877-687-8881 between 8:00 a.m. and 5:00 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures. The Board of Professional Counseling will not review any application not completed in accordance with these instructions.

## **FILING DEADLINES AND EXAMINATIONS**

### National Examination

All applicants must have taken and received a passing score on the National Board of Certified Counselors examination. A passing score on the national examination shall be a passing score as determined by the National Board of Professional Counseling, on each test that forms a part of the examination.

Applicants must arrange for the testing service to forward scores directly to the Board of Professional Counseling.

Please contact the National Board of Certified Counselors for information pertaining to qualifications for the National Counselors Examination, dates, location and fees. They can be reached at:

### **NATIONAL BOARD OF CERTIFIED COUNSELORS**

PO Box 7407

Greensboro, North Carolina 27417-0407

Tel: 336-547-0607

**Email: [nbcc@nbcc.org](mailto:nbcc@nbcc.org)**

Other examinations accepted include the Certified Rehabilitation Counselor Exam and Examinations Administered by a professional licensure Board, in another jurisdiction in the United States.

### Pending License Applications

Pending license applications will become invalid after 90 days if the application has not been completed due to failure to submit required materials. Should the applicant wish to pursue licensure after that time, she/he must submit and pay the required fee once again.

## **GENERAL REQUIREMENTS FOR ALL APPLICANTS**

All applicants for a professional counseling license in the District of Columbia shall meet the following requirements:

1. Applicant must be at least 18 years of age; and
2. Applicant must not have been convicted of a crime or moral turpitude which bears directly on the applicant's fitness to be licensed; and

All applicants must submit the following in order to be considered for licensure:

3. A complete and signed application, including required supporting documents;
4. Please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Photos will be placed on the pocket license.
5. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity.
6. Official transcript(s) mailed directly from each education institution showing proof of receipt of a master's degree or better in professional counseling or related subjects from an accredited institution;
7. Completed Supplemental Information/Supervision Form;
8. Passing national exam results from National Board of Certified Counselors examination or other accepted examination.

## **EDUCATIONAL REQUIREMENTS**

An applicant applying for licensure shall:

1. Hold a master's degree or higher from an institution of higher education which was accredited at the time the degree was conferred, by an accrediting body recognized by the Secretary of the United States Department of Education, the Council on Post Secondary Accreditation, or its successor; **and**
2. Have completed a minimum of sixty (60) semester hours in counseling or related subjects after earning a bachelor's degree. Courses earned outside of a counseling degree program shall be evaluated individually. Related subjects to counseling acceptable to the Board include social science, psychology, social work, human services, behavioral science, psychiatric nursing, rehabilitation counseling, family counseling, individual and family development, student counseling and personnel services, mental health and human services, family and community services, and creative arts therapy.

For purposes of above requirements 1 and 2, the content shall include:

- (a) counseling theory and practice
- (b) human growth and development
- (c) lifestyle and career development
- (d) group counseling appraisal, assessment, and testing of individuals
- (e) principles of etiology, diagnosis, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior
- (f) social and cultural foundations including multicultural counseling
- (g) marriage and family counseling
- (h) research and program evaluation
- (i) professional orientation and ethics
- (j) counseling practicum or internship

It is not necessary for a separate course to have been completed in the content areas listed in the above, however, evidence is required that the content of each area has been covered in courses completed.

3. Submit to the Board certified transcripts of the applicant's educational records from each educational institution from which credits were earned that are relevant to this licensure application with the completed application. Transcripts will be accepted if they are mailed directly by the educational institution from which credits were earned or if submitted directly by an applicant in a sealed university envelopes with a registrar's signature across the seal.
4. The applicant's performance shall have been rated as at least satisfactory by each supervisor.
5. An applicant under supervision shall identify qualifications by submitting with the application a signed statement from each supervisor who supervised the applicant during the required period of experience which sets forth as follows:
  - (a) The location at which and period of time during which the supervision took place;
  - (b) The number of hours of the applicant's practice of professional counseling;
  - (c) The number of hours of immediate supervision of the applicant;
  - (d) The specific nature of and responsibilities included in the applicant's practice;
  - (e) A rating of the applicant's performance; and
  - (f) The license number of, and jurisdiction in which the supervisor was licensed during the supervised period if not licensed, the supervisor's vita demonstrating the supervisor's qualifications to be a licensed professional counselor in the District of Columbia.

## **REQUIREMENTS FOR FOREIGN EDUCATED APPLICANTS**

The Board may grant a license to practice professional counseling to an applicant who completed an educational program in a college or university in a foreign country which is not accredited if the applicant:

1. Must meet all of the requirements as described in this information package; and

2. Demonstrates to the satisfaction of the Board that the applicant's education and training are substantially equivalent to the requirements noted in this information package by submitting one of the following:
  - a. Proof satisfactory to the Board that the applicant has received a master's degree or higher in counseling or related fields from a foreign institution which was accredited, at the time the degree was conferred, by an accrediting body recognized by the national government of the country in which the institution is located; or
  - b. A certification from a private education evaluation service approved by the Board that the applicant's foreign education is substantially equivalent to the education provided in an accredited program.
3. The Board may interview an applicant under this section to determine whether the applicant's education or training meets the requirements.
4. If a document required by this Act is in language other than English, an applicant shall arrange for its translation into English by a translation service acceptable to the Board and shall submit a translation signed by the translator attesting to its accuracy.

#### **REQUIREMENTS FOR APPLICANTS APPLYING BY ENDORSEMENT**

1. Applicants who have been or licensed in another state/jurisdiction, shall submit a statement of good standing and requirements from the state/jurisdiction where currently licensed.

#### **REQUIREMENTS FOR APPLICANTS APPLYING BY EXAMINATION**

1. Applicants shall take and pass the National Counselors Examination and arrange for the testing service to forward scores directly to the DC Board of Professional Counseling. **There are scheduled examination dates.** Please see the attached form and you may contact the National Board for Certified Counselors, Incorporated (NBCC) for further details at:

**NBCC**  
PO Box 7407  
Greensboro, North Carolina 27417-0407  
Tel: 336-547-0607  
**Email: nbcc@nbcc.org**

2. Other examinations accepted include the:
  - a. Certified Rehabilitation counselor Exam
  - b. Clinical Mental Health Counselor Exam, and
  - c. Examination Administered by a Professional Licensure Board in another state/jurisdiction in the United States.
3. Applicants that have passed a counselor exam are eligible to apply for licensure.

#### **REQUIREMENTS FOR APPLICANTS APPLYING BY EXAMINATION**

1. Applicants who fail the National Counselors Examination must re-apply for re-examination and have their scores sent directly to the DC Board of Professional Counseling. Applicants must submit a re-exam application; pay the \$85 DC re-examination fee and they must also submit a separate application with the appropriate registration fee to the National Board for Certified Counselors, Incorporated (NBCC) at:

**NBCC**  
PO Box 7407  
Greensboro, North Carolina 27417-0407  
Tel: 336-547-0607  
**Email: nbcc@nbcc.org**

**COMPLETING THE LICENSE APPLICATION**

**Section 1. Requested License Type / Fees**

- a. The methods for becoming licensed in the District of Columbia are outlined below. The requested license type abbreviation for each origin is listed on the fee matrix below.

Examination (E)	Prior successful completion of the National Examination (National Board of Certified Counselors).
Re-Examination (R)	Successful completion of the National Examination (National Board of Certified Counselors) after at least two (2) attempts.
Endorsement (N)	Hold a license in good standing in another state or territory of the United States with standards which are comparable to DC’s requirements.

- b. Check the correct license type box for which you are applying on the “Requested License Type” line provided in section one of the application. The following license type is available under the Board of Professional Counseling:

License Abbreviation	License Description
PRC	Professional Counselor

- c. No specialties are available under the Board of Professional Counseling.
- d. Should you need to obtain additional copies of your license to comply with laws and regulations pertaining to displaying your license at each office where you conduct business, you may order up to five (5) duplicate licenses (for a \$34 fee each, etc.). Mark the “duplicate licenses” box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.

You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to DC Treasurer and submitted with your license application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and license fee portions of each application method are listed below:

**FEE MATRIX**

License Type	Application Method	Application Fee	License Fee	Total Due
PRC	Examination (E)	\$85	\$145	\$230
PRC	Re-Examination (R)	\$85	-----	\$85
PRC	Endorsement (N)	\$85	\$145	\$230

\*The **Total Due** amount is the fee that must be paid for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. **A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).**

DC Professional Counseling licenses expire on December 31 of even numbered years. Your initial license will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your license/certification. Upon completion of the renewal questionnaire and payment of the renewal fee, your license will be renewed for a two-year period. The Board does not require Continuing Educational Units (CEU'S) credits for renewal. You should know that you are required by regulation to report all changes of your business or residence address to DOH/HPLA, Board of Professional Counseling. HPLA will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to DOH/HPLA, Board of Professional Counseling at the address in the middle of page 1. Without an updated address, you may not receive your renewal notice.

## **Section 2. Applicant Name / Demographic Information**

Enter your legal name exactly as it should appear on the license. All applicants must be at least 18 years of age.

## **Section 3. Supporting Documents Required**

The required supporting documents are listed in this section. Place an "X" in the "YES" box for each item you have included with your application package *or* requested to be sent under separate cover to DOH/HPLA, Board of Professional Counseling.

Place an "X" in the "NO" box for each item that does not apply for the license type (or licensure method) for which you are applying. Keep a photocopy of all supporting documents for your records.

## **Section 4. Previous Names**

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

## **Sections 5A. & B. Home Address / Business Address**

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address should also be provided.

## **Section 5C. Preferred Mailing Address**

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

## **Section 6A. Professional Schools Attended**

List all schools that you have attended in reverse chronological order, beginning with the most recent at the top.

All applicants must demonstrate educational qualifications by arranging for the educational institution from which the applicant received a counseling degree to send an official transcript to the applicant. The applicant should then submit the transcript in the original sealed envelope with the license application to DOH/HPLA on behalf of the Board. Some universities' policies may require sending the transcript directly to the Board of Professional Counseling, but it is preferred that it accompany the license application.

### **Section 6B. Postgraduate Experience**

List all experience since graduation from professional school in reverse chronological order, beginning with the most recent at the top.

### **Section 6C. Professional Licenses in Other States / Jurisdictions**

List all jurisdictions in which you have ever been licensed.

If you are licensed in another jurisdiction, a statement of good standing must be submitted directly to the DC Board of Professional Counseling by the applicable state boards.

Applicants who have been licensed in another jurisdiction for two (2) years or more must provide Letter(s) of Certification (noting that the applicant is licensed and in good standing) from all jurisdictions where the applicant is currently licensed.

### **Section 7. Screening Questions**

If you answer “no” to question A or “yes” to questions B through J, please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

### **Section 8. Licensee Affidavit**

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

### **ADDITIONAL APPLICATION FORMS**

If you need additional copies of this application package you may visit HPLA’s website at [www.hpla.doh.dc.gov](http://www.hpla.doh.dc.gov) or call HPLA’s Customer Service at 202-442-9200. The forms the make up this package are:

- Professional Counseling, Municipal Regulations
- Professional Counseling, New License Application
- Professional Counseling, New License Instructions
- Supervision Form
- Supplemental Form

## SUMMARY OF LICENSURE REQUIREMENTS

The following chart shows the licensure requirements for all application methods. The law governing professional counseling licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing professional counseling licensure are included in *DC Municipal Regulations Title 17, Chapter 66*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health – Health Professional Licensing Administration, Board of Professional Counseling if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

### SUMMARY OF PROFESSIONAL COUNSELING LICENSURE REQUIREMENTS

License Type	Application Method	Signed Application for License	Two 2" x 2" Photos	Official Transcript <sup>1</sup>	National Exam Results	Supervision Form <sup>2</sup>	Supplemental Form	Statement of Good Standing <sup>3</sup>	Check or Money Order <sup>4</sup>
PRC	Examination (E)	X	X	X	X	X	X	X	\$230
PRC	Re-Exam (R)	X	X	O	O	O	O	O	\$85
PRC	Endorsement (N)	X	X	X	X	X	X	X	\$230

**X = Required**  
**O = Not required**

<sup>1</sup> An applicant must have received a master's degree or higher from an institution that was accredited by the United States Department of Education, the Council on Post Secondary Accreditation, or its successor at the time the degree was conferred. Transcript may be sent directly from the school, but it is preferred that it accompany the application in a sealed envelope.

<sup>2</sup> An applicant must have completed two years (3,500 hours) work experience after earning a Masters degree.

- (a) Applicants have up to 5 years to complete the 3,500 hours.
- (b) 200 hours of the required hours must be under immediate supervision:
  1. 100 hours supervision with a Licensed Professional Counselor. see page 3 (immediate)
  2. 100 hours supervision can be with other qualified supervisor (e.g. Psychologist, Psychiatrist or Clinical Social Worker). - General Supervision.
  3. For every 35 hours worked, the applicant shall have had one hour of immediate supervision.

<sup>3</sup> If you are licensed in another jurisdiction, a statement of good standing must be submitted directly to the DC Board of Professional Counseling by the applicable state boards. All verifications must be sent regardless if active, inactive, or expired.

<sup>4</sup> Check or money order **MUST** be made payable to DC Treasurer.

## **DEFINITIONS**

**General supervision** means supervision in which the supervisor is available to the supervisee either in person or by a communications device.

**Immediate supervision** means supervision in which the supervisor is physically present with the supervisee and either discussing or observing the supervisee's practice.

**Practice of professional counseling** means engaging in counseling activities, for compensation, by a person who represents by title of description of services, that he or she is a "professional counselor" or licensed professional counselor", and includes the process of: (a) conducting assessments for the purpose of determining treatment goals and objectives; (b) assisting clients through a professional relationship to achieve effective mental, emotional, physical, social, educational, and/or career development and adjustment throughout the life span; and (c) using counseling treatment interventions to facilitate human development and to identify and remedial mental, emotional, or behavioral conditions and associated difficulties which interfere with functional wellness.

**Professional counselor** means a person licensed to practice professional counseling.

**Student** means an individual who is enrolled in an academic program.

**THERE IS NO GRANDFATHERING OR WAIVER FOR  
LICENSED PROFESSIONAL COUNSELORS.**

**\*The waiver expired on August 3, 1996.**