

**STATE OF UTAH  
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**CERTIFIED PROFESSIONAL COUNSELOR INTERN,  
CERTIFIED PROFESSIONAL COUNSELOR  
EXTERNSHIP, or PROFESSIONAL COUNSELOR**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

**If you are applying for licensure as a Certified Professional Counselor Intern, complete the following in addition to submitting a completed application:**

1. Submit official transcript(s) documenting your graduate degree in a mental health counseling program that meets the requirements of statute and rules, as well as any other official transcripts that are necessary to document completion of specific course work. (*See "Additional Important Information" below for specific degree requirements.*)

Attach a course description and other pertinent information for any course that is not adequately described by the title shown on the transcript. You can expedite the review process by providing a copy of the graduate catalog course description and/or syllabus of any identified courses.

**NOTE:** If submitting college transcripts, have the school send them directly to DOPL.

You may also have the school send them to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

**NOTE:** If you do not meet the educational requirements listed above, you may be eligible for an externship license. See "Additional Important Information" below for details.

2. Submit an **\$85.00** non-refundable application-processing fee, made payable to "DOPL."

**If you are applying for licensure as a Professional Counselor, complete the following in addition to submitting a completed application:**

1. Submit official transcript(s) documenting your graduate degree in a mental health counseling program that meets the requirements of statute and rules, as well as the completion of specific course work. (*See "Additional Important Information" below for specific degree requirements.*)

Attach a course description and other pertinent information for any course that is not adequately described by the title shown on the transcript. You can expedite the review process by providing a copy of the graduate catalog course description and/or syllabus of any identified courses.

**NOTE:** If submitting college transcripts, have the school send them directly to DOPL. You may also have the school send them to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

**NOTE:** If you submitted your transcript(s) and/or other course descriptions as part of your application for Utah licensure as a Certified Professional Counselor Intern, you do not need to resubmit them with your application for Utah licensure as a Licensed Professional Counselor.

2. Submit a completed "Verification of Supervised Experience" form (*attached to this application*) from each of your supervisors to document a total of 4,000 hours of supervised experience — 1,000 hours of which are in mental health therapy.

Request that each supervisor submit a form to you to be included with your application.

3. Submit the original letter from DOPL's approved examination provider verifying your passing score on the Utah Professional Counselor Law, Rules, and Ethics Exam. For examinations taken prior to January 1, 2008, the approved provider was Thomson Prometric; for examinations taken after that date the provider is PSI Examination Services.
4. Submit documentation of your passing score on the National Counseling Examination.
5. Submit documentation of your passing score on the National Clinical Mental Health Counseling Examination.
6. Submit a **\$120.00** non-refundable application-processing fee, made payable to "DOPL."

**If you are applying for licensure as a Licensed Professional Counselor by endorsement, complete the following in addition to submitting a completed application:**

1. Using the “Request for Verification of License” form (*attached to this application*), submit verification of licensure from a state in which you are currently licensed as a professional counselor.  
  
Request that the verifying state complete the form and mail or fax them directly to DOPL or return them to you for submission with your application.
2. Submit the original letter from DOPL’s approved examination provider verifying your passing score on the Utah Professional Counselor Law, Rules, and Ethics Exam. For examinations taken prior to January 1, 2008, the approved provider was Thomson Prometric; for examinations taken after that date the provider is PSI Examination Services.
3. Using the “Verification of Active Practice as a Professional Counselor” form (*attached to this application*), submit documentation showing that you have been actively engaged in the lawful practice of professional counseling including mental health therapy for not less than 4,000 hours during the three years immediately preceding the application for licensure in Utah.
4. Submit a **\$120.00** non-refundable application-processing fee, made payable to “DOPL.”

**ADDITIONAL IMPORTANT INFORMATION:**

1. **Law and Rules Exam:** Applicants for licensure as a professional counselor must pass the Utah Professional Counselor Law, Rules, and Ethics Examination. Applicants must apply directly to PSI Examination Services at [www.psiexams.com](http://www.psiexams.com) or 1-800-733-9267 to register for the law examination.

The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- Division of Occupational & Professional Licensing Act
  - General Rules of the Division of Occupational & Professional Licensing
  - Mental Health Professional Practice Act
  - Mental Health Professional Practice Act Rule
  - Professional Counselor Licensing Act Rule
2. **Other Examinations:** To obtain information regarding the National Counseling Examination, the National Clinical Mental Health Counseling Examination, or the Utah Professional Counselor Law, Rules, and Ethics Examination, you may contact PSI Examination Services at [www.psiexams.com](http://www.psiexams.com) or 1-800-733-9267.
  3. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.

4. **Code of Ethics:** Professional Counselor licensees are required to abide by the Code of Ethics of the American Counseling Association: [www.counseling.org](http://www.counseling.org).
5. **Knowledge of Other Statutes:** In addition to the laws and rules listed above, mental health professionals may be subject to other Utah statutes—including, but not limited to—those listed below, which may affect your practice. You are obligated to understand and follow them. The following may be reviewed at [www.le.state.ut.us](http://www.le.state.ut.us):
  - A. Utah Health Code, Title 26, particularly:
    - Section 26-6-6. Duty to report individual suspected of having communicable disease.
    - Chapter 25 -- Confidential Information Release
  - B. The Utah Human Services Code, Title 62A, particularly:
    - Section 62A-3-305. Reporting requirements -- Investigation -- Immunity -- Violation -- Penalty -- Physician-patient privilege -- Nonmedical healing.
    - Section 62A-4a-403 - Reporting requirements regarding incest, molestation, sexual exploitation, sexual abuse, physical abuse, or neglect of a child.
    - Section 62A-15-702. Treatment and commitment of minors in the public mental health system
  - C. The Utah Judicial Code, Title 78, particularly:
    - Chapter 03c -- Confidential Communications for Sexual Assault Act
    - Chapter 3e -Reporting School-Related Controlled Substance Abuse
    - Chapter 14 - Utah Health Care Malpractice Act
    - Chapter 14a - Limitation of Therapist's Duty to Warn
    - Section 78-25-25 –Patients’ records -- Inspection and copying by attorneys.
    -
  - D. Utah Rules of Evidence Rule 506 - Physician and mental health therapist-patient, which can be viewed on the Utah Courts web site at [www.utcourts.gov](http://www.utcourts.gov).
6. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.

7. **Degree Requirements:** In order to meet the degree requirements for licensure, you must have a master's or doctorate degree in Mental Health Counseling or an equivalent degree from an institution of higher education that is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or the Council for Higher Education Accreditation of the American Council on Education (CHEA) at the time the applicant obtained the education. The degree must include a minimum of 60 semester (90 quarter) hours of graduate studies and include the core course work specified in the rule.

The following degrees do not meet the degree requirement: Career Counseling, College Counseling, Community Counseling, Gerontological Counseling, School Counseling, Student Affairs, Rehabilitation Counseling, Music Therapy, Art Therapy or Dance Therapy.

Applicants who have one of these degree or comparable degrees and who subsequently return to college and complete the classes which would have been included in the Mental Health Counseling degree as outlined above and in the "Educational Requirements" section of this application may request to have their education considered to be equivalent.

8. **Externship:** A person who applies for licensure who has the mental health counseling degree required but who is found to be deficient in less than 3 courses as required in Utah Administrative Code Section R156-60c-302a may be issued an externship license. An extern license cannot be issued to applicants with course deficiencies in ethics, psychopathology, advanced mental status, practicum, or internship. An extern license expires upon issuance of the license applied for or three years from the date of issuance, whichever comes first. The extern license requires a payment of an \$85 application fee, **This license is not renewable.** If a person does not complete the education requirement and obtain normal licensure within the three-year time period, they will be required to discontinue practice until they have completed the education and have been granted a Certified Professional Counselor Intern license.
9. **"Practice of mental health therapy"** means treatment or prevention of mental illness, including:
- ❑ conducting a professional evaluation of an individual's condition of mental health, mental illness, or emotional disorder;
  - ❑ establishing a diagnosis in accordance with established written standards generally recognized in the professions of mental health therapy;
  - ❑ prescribing a plan for the prevention or treatment of a condition of mental illness or emotional disorder; and
  - ❑ engaging in the conduct of professional intervention, including psychotherapy by the application of established methods and procedures generally recognized in the professions of mental health therapy.
10. **Requirements for a Mental Health Therapy Supervisor:** In order for an individual to be qualified as a Certified Professional Counselor Intern supervisor, he/she must be currently licensed and in good standing as a licensed professional counselor, psychiatrist, psychologist, licensed clinical social worker, registered psychiatric mental health nurse specialist or marriage and family therapist. He/she shall have engaged in the lawful practice as a licensee engaged in the practice of mental health therapy for two years prior to beginning supervision activities. A mental health therapy supervisor can supervise no more than three supervisees at any given time unless approved by the Board and DOPL.

11. **Supervised Professional Counselor and Mental Health Therapy Experience:** Upon completion of the required education, 4,000 hours of supervised professional counselor and mental health therapy experience is required for licensure. The 4,000 hours of supervised professional counselor experience includes a minimum of 1,000 hours of supervised experience in mental health therapy. You must also document 100 hours of face-to-face supervision. Additionally, this experience must be obtained while holding the Certified Professional Counselor Intern license. The “Verification of Supervised Experience” form must be submitted upon completion of the required supervised experience.
12. **Endorsement:** To qualify for licensure by endorsement (*licensure in another state*), an applicant must document that he/she is currently licensed in good standing in another state and has been actively engaged in the lawful practice of professional counseling including mental health therapy for not less than 4,000 hours during the three years immediately preceding the application for licensure in Utah. The applicant for licensure by endorsement must also document a passing score of the Utah Professional Counselor Law, Rules, and Ethics Examination.
13. **Continuing Education:** Professional Counselors and Certified Professional Counselor Interns must complete a minimum of forty (40) hours of continuing education (CE) during each two-year period. At least 6 of the 40 hours of CE must be in ethics or law. This requirement is pro rated for new licensees.
14. **License Renewal – Certified Professional Counselor Intern:** A Certified Professional Counselor Intern license is issued for a period of three years. It is generally expected that you will complete the 4,000 hours of supervised experience during that time period and become licensed as a Professional Counselor. This license will not be renewed unless the individual presents satisfactory evidence that reasonable progress is being made toward passing the qualifying examinations or is otherwise on a course reasonably expected to lead to licensure, but the period of the extension may not exceed two years past the date the minimum supervised experience requirement has been completed.
15. **License Renewal – Licensed Professional Counselor:** All Licensed Professional Counselor licenses expire on September 30th of every even-numbered year.  
Unlike many other states, Utah’s license renewal schedule **is not** based on the licensee’s date of initial licensure. Under Utah’s renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee’s first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee’s last address of record, as provided to DOPL.

16. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
17. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
18. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at [www.dopl.utah.gov](http://www.dopl.utah.gov).
19. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

20. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah

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# APPLICATION FOR LICENSURE

## GENERAL INFORMATION

License Applying For:  CERTIFIED PROFESSIONAL COUNSELOR INTERN  
 CERTIFIED PROFESSIONAL COUNSELOR EXTERN  
 LICENSED PROFESSIONAL COUNSELOR  
 LICENSED PROFESSIONAL COUNSELOR BY  
ENDORSEMENT FROM ANOTHER STATE

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

**I certify under penalty of perjury that I am a United States citizen or a qualified alien who is lawfully able to work in the United States.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have You Ever Held A Utah License Before?  Yes  No

If Yes, Name of Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## ***DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY***

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_/\_\_\_\_/\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

**AFFIDAVIT FOR UTAH LAWS AND RULES**

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my professional counseling practice in the State of Utah, and I agree to comply with such.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**LICENSES**

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held as a professional counselor. (Use additional sheets if necessary.)

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_

**EDUCATION REQUIREMENT** (Attach additional sheets if necessary.)

School Name: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ To \_\_\_\_\_ Date of Graduation: \_\_\_/\_\_\_/\_\_\_

Degree Received: \_\_\_\_\_

School Name: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ To \_\_\_\_\_ Date of Graduation: \_\_\_/\_\_\_/\_\_\_

Degree Received: \_\_\_\_\_

**EXAMINATION REQUIREMENT**

Answer “Yes” or “No.”

\_\_\_\_\_ Utah Professional Counselor Law, Rules, and Ethics Exam – Date(s) Taken: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ National Counseling Exam – Date(s) Taken: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ National Mental Health Counseling Exam – Date(s) Taken: \_\_\_/\_\_\_/\_\_\_

**EDUCATIONAL COURSE REQUIREMENTS:** (To be completed by ALL applicants.)

List **ALL** of your graduate course work in each of the areas. List each course title **as it appears on your transcript**. Use each course only once. A complete description of the education course requirements can be found in the Professional Counselor Licensing Act Rule, R156-60c, available at [www.dopl.utah.gov](http://www.dopl.utah.gov).

**Ethical Standards and Issues** (*minimum 2 semester or 3 quarter hours*)

**Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

*NOTE: Courses meeting this requirement must be based on standards of the American Counseling Association (ACA), American Mental Health Counselors Association (AMHCA), or the National Board of Certified Counselors (NBCC).*

**Professional Roles and Standards of a Mental Health Counselor** (*minimum 2 semester or 3 quarter hours*)

**Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

**Individual Counseling Theory** (*minimum 2 semester or 3 quarter hours*)

**Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

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Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_  
Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

**Group Counseling Theory** (*minimum 2 semester or 3 quarter hours*)

**Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_  
Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_  
Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_  
Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

**Human Growth and Development** (*minimum 3 semester or 4 and 1/2 quarter hours*)

**Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_  
Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_  
Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_  
Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

**Career Development** (*minimum 3 semester or 4 and 1/2 quarter hours*)

**Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_  
Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_  
Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_  
Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

**Cultural Foundations** (*minimum 3 semester or 4 1/2 quarter hours*)

**Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

**Therapeutic Methods and Interventions** (*minimum 6 semester or 9 quarter hours*)

**Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

**Psychopathology and Multi-Axial Diagnosis DSM Classification** (*minimum 2 semester or 3 quarter hours*)

**Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

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**Dysfunctional Behaviors** (*minimum 2 semester or 3 quarter hours*)

**Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

**Test and Measurement Theory** (*minimum 2 semester or 3 quarter hours*)

**Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

**Advanced Assessment of Mental Status** (*minimum 2 semester or 3 quarter hours*)

**Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

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**Research and Evaluation** (*minimum 3 semester or 4 1/2 quarter hours - do not use project, thesis, or dissertation hours*) **Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

**Practicum** (*minimum 3 semester or 4 1/2 quarter hours*)

**Total Hours:** \_\_\_\_\_

Please describe the setting in which the practicum occurred including:

Placement site: \_\_\_\_\_

Site supervisor: \_\_\_\_\_

Site supervisor's license type and license number: \_\_\_\_\_

Dates of practicum: \_\_\_\_\_

Number of clock hours: \_\_\_\_\_

Services provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

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**Internship** (*minimum 6 semester hours or 9 quarter hours which includes at least 900 clock hours of supervised experience of which 360 must be in the provision of mental health therapy* )

**Total Hours:** \_\_\_\_\_

Please describe the setting in which the internship occurred including:

Placement site (must be an agency that engages in the “practice of mental health therapy”):

\_\_\_\_\_

Site supervisor (must be licensed as a mental health therapist for a least two years prior to beginning supervision activities): \_\_\_\_\_

\_\_\_\_\_

Site supervisor’s license type and license number: \_\_\_\_\_

Dates of internship: \_\_\_\_\_

Number of clock hours: \_\_\_\_\_

Services provided: \_\_\_\_\_

\_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

**Other Behavioral Science Courses** (*minimum of 17 semester or 25 ½ quarter hours of behavioral science electives. Six semester hours of project, thesis, and dissertation hours may be counted for this area.*)

**Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

(Continued on the next page.)

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_  
Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_  
Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_  
Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_  
Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_  
Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_  
Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_  
Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_  
Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

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**PROFESSIONAL EMPLOYMENT EXPERIENCE:**

If applying for the Licensed Professional Counselor license, chronologically list your places of supervised professional employment experience totaling 4,000 hours. Please show month and year for each. *(Use additional sheets if necessary.)*

**1. Position:** \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Primary Responsibilities/Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of hours providing clinical services per week: \_\_\_\_\_

**2. Position:** \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Primary Responsibilities/Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of hours providing clinical services per week: \_\_\_\_\_

*(Continued on the next page.)*

3. **Position:** \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Primary Responsibilities/Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of hours providing clinical services per week: \_\_\_\_\_

4. **Position:** \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Primary Responsibilities/Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of hours providing clinical services per week: \_\_\_\_\_

# PROFESSIONAL COUNSELOR, CPC INTERN, and CPC EXTERN QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care professional licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing or governmental agency?
6. \_\_\_\_\_ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. \_\_\_\_\_ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. \_\_\_\_\_ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. \_\_\_\_\_ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?

*(Continued on the next page.)*

10. \_\_\_\_\_ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
11. \_\_\_\_\_ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
12. \_\_\_\_\_ Have you been named as a defendant in a malpractice suit?
13. \_\_\_\_\_ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
14. \_\_\_\_\_ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
15. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
16. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
17. \_\_\_\_\_ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
18. \_\_\_\_\_ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
19. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
20. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
21. \_\_\_\_\_ Do you currently have any criminal action pending?

(Continued on the next page.)

22. \_\_\_\_\_ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
23. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
24. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
25. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



**If you answered “yes” to questions 21, 22, 23, 24, or 25 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**



**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.**

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# AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Fax: (801) 530-6511

## REQUEST FOR VERIFICATION OF LICENSE

*(Use this form to verify licensure from another state, if applicable.)*

### TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to the state that is verifying information for you. Request that the verifying state complete the form and return it to you for submission with your application. If a verifying state insists on submitting the verification directly to DOPL, indicate that fact in the appropriate section of the application.

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the state of Utah as a \_\_\_\_\_

I am/have been licensed in your state under the name \_\_\_\_\_

My social security number is \_\_\_\_\_

My date of birth is \_\_\_/\_\_\_/\_\_\_

My license number in your state is/was \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

*(Continued on the next page.)*

**TO BE COMPLETED BY THE VERIFYING AGENCY:**

Please furnish the information requested, sign and verify the document, and mail or fax it directly to DOPL or place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (*as it appears in verifying state's records*): \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Continuously Licensed:

Yes  No, please explain: \_\_\_\_\_

Licensed By:

Exam, Type: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Endorsement: from what state? \_\_\_\_\_

Waiver: \_\_\_\_\_

Examination Scores: \_\_\_\_\_

Education Required For Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

No  Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

(SEAL)

## VERIFICATION OF SUPERVISED EXPERIENCE

**TO BE COMPLETED BY EACH SUPERVISOR OF THE REQUIRED SUPERVISED EXPERIENCE HOURS:**

Applicant Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's License Issued: State: \_\_\_\_\_ Profession: \_\_\_\_\_ Year: \_\_\_\_\_

Facility Name where experience took place: \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Inclusive dates of supervised experience: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Supervised experience of face-to-face mental health therapy with clients (must be completed as an employee of an agency that engages in mental health therapy)

(Minimum 1,000 hours): \_\_\_\_\_

Direct Individual of face-to-face supervision (minimum 100 hours): \_\_\_\_\_

Supervised hours of Professional Counselor training: \_\_\_\_\_

Total hours of Professional Counselor training (minimum 4,000): \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

The hours worked and supervised are reported on the basis of:

Supervisor's appointment calendars or records

Supervisor's best recollection

Nature of Applicant's Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Continued on the next page.)

I do hereby certify that the applicant for licensure as a professional counselor has:  
(Check the appropriate line.)

- successfully completed the above hours of supervised professional counselor experience.
- has not successfully completed the above hours of supervised experience.

I further certify that the applicant:

- is qualified and competent to practice mental health therapy as a licensed professional counselor.
- is not qualified and competent to practice mental health therapy as a licensed professional counselor.

If applicant is not qualified, please explain the nature of the problem and recommendations for remediation. (Attach additional pages as needed.)

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I certify that I am an approved licensed mental health therapist in good standing and I am a qualified supervisor in accordance with Statute and Rules, including having engaged in at least 4,000 hours of mental health therapy prior to beginning supervising activities. I further certify that I am professionally responsible for the acts and practices of the applicant that are a part of the required supervised experience.

Signature of Supervisor: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

**VERIFICATION OF ACTIVE PRACTICE  
AS A PROFESSIONAL COUNSELOR**  
*(For Endorsement Only)*

**TO BE COMPLETED BY THE EMPLOYER or HUMAN RESOURCE PERSONNEL:**

Name of Applicant: \_\_\_\_\_

License Number: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

Name of Person Verifying Employment: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Describe the applicant's employment setting: (private practice, governmental entity, nonprofit and charitable corporation, school, college, university, licensed health facility or other)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates applicant was employed with this agency: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Has applicant been engaged in practice of mental health counseling for at least 4,000 hours during the last 3 years?  Yes  No

What was the applicant's schedule?  Full-time  Part-time

Was the applicant contracted labor:  Yes  No

*(Continued on the next page.)*

Did the applicant and supervisor work within the same employment setting where the experience hours were obtained?  Yes  No. If No, please explain:

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In what type of employment setting was the supervision done?

self-employed in a private practice

voluntary

paid: Indicate who paid the supervisor: \_\_\_\_\_

What were the dates of the supervision: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Is the applicant still employed with agency?  Yes  No

If no, is the applicant re-hirable?  Yes  No

This document is proof that the applicant has been actively engaged in the lawful practice of professional counseling including mental health therapy for not less than 4,000 hours during the three years immediately preceding the application for licensure in Utah

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_