



**VERIFICATION OF LICENSING/CERTIFICATION STANDARDS**

**To Be Completed By The Regulatory Agency: *What Are Your State's Current Standards For Licensure:***

- 1) Do you require that an applicant take a state board written examination?  YES  NO If yes, list the subjects and the passing score for each subject. \_\_\_\_\_
  
- 2) Do you require that an applicant take the National Board of Certified Counselors Examination (NCE)  YES  NO If yes, indicate the passing score: \_\_\_\_\_
  
- 3) Do you require that an applicant take the National Board of Certified Counselors Examination (NCMHCE)  YES  NO If yes, indicate the passing score: \_\_\_\_\_
  
- 4) Do you require applicants to have a master's or doctoral degree in counseling from an accredited educational institution?  YES  NO

Does the course of study leading to the degree include 3 credits in each category?

Courses

Diagnosis, Assessment and Treatment (Y or N)	Human Growth and Development (Y or N)
Theories(Y or N)	Counseling Skills (Y or N)
Groups (Y or N)	Measurement (Y or N)
Ethics (Y or N)	Treatment Modalities (Y or N)
Marriage, Couples and Family Counseling (Y or N)	Human Sexuality for Counselors (Y or N)
Crisis Intervention(Y or N)	Addictive Disorders (Y or N)
Psychopharmacology (Y or N)	Multi-cultural Studies (Y or N)
Research and Evaluation (Y or N)	Career Development/Lifestyle Appraisal (Y or N)

Do you require a supervised counseling practicum/internship/or field experience of 1,000 hours in a clinical mental health counseling setting?  YES  NO.

- 5) Do you accept programs accredited by other accrediting bodies?  
 YES  NO If yes, what bodies? \_\_\_\_\_
  
- 6) Do you require an applicant to have at least 3,000 hours (with 2,000 hours being direct service) post master's, supervised practice, over a minimum of two years?  YES  NO

- 7) Do you require that the 3,000 hours include 100 hours of face-to-face supervision, at least 50 hours of which must be in an individual setting? \_\_\_\_YES \_\_\_\_NO If no, what do you require?  
\_\_\_\_\_
- 8) Do you require the clinical supervision to be under either a licensed physician or a licensed psychiatric nurse practitioner, a licensed psychologist, a licensed clinical mental health counselor, or a licensed independent clinical social worker, or a licensed marriage and family therapist? \_\_\_\_YES  
\_\_\_\_NO
- 9) Do you accept supervision by other supervisors? \_\_\_\_YES \_\_\_\_NO If yes, who:\_\_\_\_\_

**SEAL**

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Secretary/Director**

**OFFICE OF PROFESSIONAL REGULATION, 89 MAIN STREET, 3<sup>RD</sup> FLOOR, MONTPELIER, VT 05620-3402**