Licensed Professional Counselor (LPC) Check List:

-Initial

____Application
____Application fee of $100 (nonrefundable fee), payable to "**CNMI TREASURER**"
____2x2 photo taken within six months from the application fee
____ holds a current, unencumbered certification from NBCC as a national certified counselor, a national clinical mental health counselor, or a national certified rehabilitation counselor who has taken and passed the National Counseling Examination, the National Clinical Mental Health Counselor Examination, or the Rehabilitation Certification Examination; or
____has a master's or doctoral degree in counseling from a counseling program accredited by the CACREP or from a college or university accredited by an agency recognized by the U.S. Department of Education in counseling, that includes or is supplemented by 48 semester hours of graduate-level credit with 2 semester hours or greater in 8 content areas listed below and at least 6 semester hour of field experience:

- Human Growth and Development Theories in Counseling
- Social and Cultural Foundations in Counseling
- Helping Relationships in Counseling
- Group Counseling Theories and Processes
- Career Counseling and Lifestyle Development
- Assessment in Counseling
- Research and Program Evaluation
- Professional Orientation to Counseling
- Counseling Field Experience

____must complete the supervised counseling work experience required under (f) of this section;
____completed the CACREP accredited tracks is considered to have met the supervised, professional work experience required under (f) of this section; and
____successfully passed the NBCC's National Counselor Examination (NCE), the National Clinical Mental Health Counselor Examination (NCMHCE), or the Counselor Rehabilitation Certification Examination (CRC). The Board shall accept examinations administered by other state counselor licensing boards and professional counselor credentialing associations if the Board determines that such examinations are equivalent to the NCE, NCMHCE, or CRC relative to content and minimum satisfactory performance levels for counselors.
____Curriculum vitae including a detailed education and experience history which shall include dates, places, institutions, educational programs and description of all prior education and work experience

-Renewal

____Renewal application
____Renewal fee of $200 payable to "**CNMI TREASURER**"
____2x2 photo
____40 Continuing Education hours during the 24 months prior to the expiration of license

-Schedule of Fees

Application fee	$100
Initial license fee	$200
Renewal fee	$200
Delinquent fee (charged every 1st of the month after expiration date)	$25
Replacement/Duplication of license	$75
Replacement/Duplication of wallet size card	$25
Letter of Good Standing/Verification fee	$25

Licensed Mental Health Counselor (LMHC) Check List:

-Initial

____holds a current, unencumbered certification from NBCC as a national certified counselor, a national clinical mental health counselor, or a national certified rehabilitation counselor who has taken and passed the National Counseling Examination, or the Rehabilitation Certification Examination; or (provide copy of NBCC certificate)

____has a master's or doctoral degree in counseling with emphasis in mental health counseling from a mental health counseling program accredited by the CACREP or from a college or university accredited by an agency recognized by the U.S. Department of Education in counseling with emphasis in mental health counseling; (provide copy of degree/transcript)

____completed at least two academic terms of supervised mental health practicum intern experience for graduate credit of at least three semester hours or five quarter hours per academic term in a mental health counseling setting with 300 hours of supervised client contact; the practicum experience shall be completed under the clinical supervision of a person who is a licensed mental health counselor, psychologist, clinical social worker, marriage and family therapist, or physician with a specialty in psychiatry;

____must complete the supervised clinical and counseling work experience required under §140-50.3-004604(d)

____applicant who has obtained Certified Clinical Mental Health Counselor status with the NBCC is considered to have met the clinical and counseling work experience required under (f) of this section; and

____successfully passes the NBCC's National Counselor Examination or the National Clinical Mental Health Counselor Examination, or the CRCC's Certified Rehabilitation Counselor Examination.

____Curriculum vitae including a detailed education and experience history which shall include dates, places, institutions, educational programs, and description of all prior education and work experience (provide copy of CV)

____under §140-50.3-004606 Applications (b)(4)(iv) – documents show proof that applicant is licensed to practice as a professional or mental health counselor or mental health counselor associate in another jurisdiction and meets the licensing requirements in §140-50.3-004604, when applicable. (Provide copy of license)

-Renewal

____Renewal application

____Renewal fee of $200 payable to "**CNMI TREASURER**"

____2x2 photo

____40 Continuing Education hours during the 24 months prior to the expiration of license

Licensed Mental Health Counselor Associate (LMHCA) Check List:

-Initial

____holds a current, unencumbered certification from NBCC as a national certified counselor, a national clinical mental health counselor, or a national certified rehabilitation counselor who has taken and passed the National Counseling Examination, the National Clinical Mental Health Counselor Examination, or the Rehabilitation Certification Examination; or

____completed sixty (60) semester hours of graduate course work in counseling that must include either a master's degree that required not less than forty-eight (48) semester hours or a doctor's degree in counseling. The graduate course work must include the following content areas:

- Human growth and development
- Social and cultural foundations of counseling
- Helping relationship, including counseling theory and practice
- Group dynamics, processes, counseling, and consultation
- Lifestyle and career development
- Assessment and appraisal of individuals
- Research and program evaluation
- Professional orientation and ethics
- Foundations of mental health counseling
- Contextual dimensions of mental health counseling
- Knowledge and skills for the practice of mental health counseling and psychotherapy

____must complete not less than one (1) supervised clinical practicum, internship, or field experience in a counseling setting, which must include a minimum of one thousand (1,000) clock hours, one (1) internship of six hundred (600) hours, and one (1) advanced internship of three hundred (300) hours with at least one hundred (100) hours of face-to-face supervision; and

____successfully passes the NBCC's National Counselor Examination or the National Clinical Mental Health Counselor Examination, or the CRCC's Certified Rehabilitation Counselor Examination.

____associates may not provide independent mental health counseling, for a fee, monetary or otherwise. Associates must work under the supervision of an approved supervisor.

____Curriculum vitae including a detailed education and experience history which shall include dates, places, institutions, educational programs and description of all prior education and work experience

-Renewal

____Renewal application

____Renewal fee of $200 payable to "**CNMI TREASURER**

____2x2 photo

____40 Continuing Education hours during the 24 months prior to the expiration of license

Commonwealth of the Northern Mariana Islands
HEALTH CARE PROFESSIONS LICENSING BOARD
P.O. Box 502078, Bldg., 11925 Pohnpei Court
Capitol Hill, Saipan, MP 96950
Tel No: (670) 664-4809 Fax: (670) 664-4814
Email: info@cnmilicensing.gov.mp
Website: www.cnmilicensing.gov.mp

Attach a recent 2x2 ID photo here taken within 6 months of the application.

APPLICATION FOR LICENSE TO PRACTICE

☐ **Licensed Professional Counselor**	☐ **Licensed Mental Health Counselor**	☐ **Licensed Mental Health Counselor Associate**

☐ Initial	☐ Endorsement	☐ Temporary

HCPLB STAFF USE ONLY
Date Received:

APPLICATION INFORMATION – Please Type or Print

1. Last:	First:	Middle:	**2.** Social Security No:
3. Birthdate: (Mo/Day/Yr.)	**4.** Color of Eyes: Color of Hair:	**5.** Height: Weight:	**6.** Sex:
7. Mailing Address:		**8.** Email Address:	
9. Residence Address:		**10.** Phone No: (W): (H):	
11. NPI # (if available):	**12.** Specialty:	**13.** Citizenship: ____U.S. ____Other Specify:	

14. EDUCATION – (*Provide an original, notarized or certified copy of your degree*)

Name of Schools	Location (City/State or Country)	Degree Earned	Dates (Mo/Yr.) From	To

15. EXAMINATION – (*List examination(s) you have taken and passed*)

Examination	Date	Result (Pass/Fail)

16. EXPERIENCE

Name of Place	Location (City/State or Country)	Dates (Mo/Yr.) From	To

17. LICENSES – (*List of all jurisdictions where you are licensed or applied for a license.*)

Name of Jurisdiction	Date Issued	Expiration Date	License Number	Current Status

18. Name/Address of Intended Employment within the CNMI	**Will you be practicing telehealth from off island?**
	☐ Yes
	☐ No

If you answer "yes" for any of items 18-32 you must attach a detailed explanation on a separate sheet, which includes state or country where action is pending or took place, relevant dates, action taken and reasons for such action. (Include Findings of Fact, Conclusion of Law, Final Order and whether you have been reinstated. If reinstated, date and conditions of license.)

19. Have you ever been charged with, or been found to have committed dishonorable, unprofessional conduct, negligence, incompetence, misconduct, or repeated negligent acts by any licensing board, other agency, or clinic?	Yes ☐	No ☐
20. Has a claim or an action ever been filed against you for your profession which resulted in a settlement, judgment, or arbitration award of $25.000 or more?	Yes ☐	No ☐
21. Has any licensing board, other agency, or disciplinary authority refused to issue you a license, renew your license, suspended, revoked, accepted surrender of your license, placed on probation, or conditioned your license, held by you now or previously, or ever fined or otherwise disciplined you?	Yes ☐	No ☐
22. Is there any ongoing or pending investigation against you?	Yes ☐	No ☐
23. Is there any disciplinary action pending against you?	Yes ☐	No ☐
24. Has any clinic or training program restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?	Yes ☐	No ☐
25. Has your ability to practice your profession in a competent and safe manner ever been impaired or limited by any condition, behavior, impairment, or limitation of a physical, mental, or emotional nature?	Yes ☐	No ☐
26. Have you used or are you currently using any chemical substances(s), legal or illegal, that in any way impaired or limited, or is currently impairing or limiting, your ability to practice your profession in a safe and competent manner?	Yes ☐	No ☐
27. Have you been enrolled in, required to enter, or participated in any drug or alcohol recovery program or impaired practitioner program?	Yes ☐	No ☐
28. Have you been treated for or had a recurrence or a diagnosed addictive disorder?	Yes ☐	No ☐
29. Have you ever been diagnosed with a neurological or other physical condition that would impair your ability to practice your profession safely?	Yes ☐	No ☐
30. Do you have any other condition in which in any way impairs or limits your ability to practice your profession safely?	Yes ☐	No ☐
31. Have you ever been found guilty, pleaded guilty, no contest, or nolo contendere to a crime involving moral turpitude or crime related to your profession, or felony in any court?	Yes ☐	No ☐
32. Is criminal action pending against you in any court?	Yes ☐	No ☐
33. Are you required to register as a Sex Offender?	Yes ☐	No ☐
34. Do you plan to engage in telemental health services from outside the CNMI?	Yes ☐	Yes ☐

34. DECLARATION:

I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content hereof. I declare that all the information contained herein, and evidence or other credentials submitted herewith are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto or falsification on misrepresentation of credentials to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license to practice a health profession in the Commonwealth of the Northern Mariana Islands. I further certify that I have read and will abide by P.L. 15-105 and the HCPLB Regulations.

_____ _____

Signature of Applicant Date

---

*Please complete the application form and attach all original, certified, or notarized documents and a non-refundable application fee of $100.00 (money order or cashier's check make payable to "**CNMI Treasurer**"). Do not send cash.*

2022

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (print name), do hereby authorize a disclosure of records concerning myself to the Health Care Professions Licensing Board (HCPLB). This release includes records of a public, private or confidential nature.

I acknowledge that the information released to the HCPLB may include material that is protected by federal and/or state laws applicable to substance abuse and mental health information. If applicable, I specifically authorize the release of confidential information to and from the HCPLB relating to substance abuse or dependence and/or mental health.

I further agree that the HCPLB may receive confidential information and records, including, but not limited to the following records:

- Medical Records
- Education Records
- Personnel or employment records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Post-graduate training (internship, residency, and fellowship) records, including records or any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Any information the HCPLB deems reasonably necessary for the purposes set forth in this release.

Release of Liability:
I do hereby irrevocably and unconditionally release, covenant not to sue, and forever discharge any person or entity, including but not limited to any medical school, residency or fellowship training program, hospital, health care provider, health care facility, licensing board, impaired practitioner program, agency, or organization, which releases information to the HCPLB pursuant to this release from any liability, claim, or cause of action arising out of the release of such information. I further irrevocably and unconditionally release, covenant not to sue, and forever discharge the HCPLB, the Commonwealth of the Northern Mariana Islands, and its employees and agents from any liability, claim, or cause of action arising out of the collection or release of information pursuant to this release.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization to Release Information".

_____ _____

Signature of Applicant Date
