INTERIM APPLICATION FOR LICENSURE

Title 27, Chapter 4a V.I.C. § 201-220b are the laws and rules that regulate mental health counselors, marriage and family therapists, and substance abuse counselors.

Licensed Professional Counselor (LPC): an individual rendering, for compensation, of professional mental health therapy by means of observation, description, evaluation, interpretation counseling treatment and interventions, including psychotherapy, to effect modification of human behavior by the application of generally recognized professional counseling principles, methods and procedures for the purpose of preventing, diagnosing, treating, or eliminating mental, emotional or behavioral disorder or their symptoms, and the enhancing of interpersonal relationships, work and life adjustment, personal effectiveness, behavior and mental health.

Educational & Professional Requirements for the LPC:
- Hold a minimum of a master’s degree, with completion of a minimum of 60 graduate semester hours in counseling, including a master’s or doctoral degree, with graduate level coursework in each of the following:
  - Counseling Theory & Practice
  - Human Growth & Development
  - Lifestyle & Career Development
  - Group Dynamics, processes, counseling & consulting
  - Appraisal/Assessment & Testing of Individuals
  - Principles of diagnosis, treatment, planning & prevention of mental & emotional disorders & dysfunctional behavior
- Completion of a 1,000-hour university-sponsored practicum, internship or field experience.
- Completion of a minimum of 1,500 direct clinical hours of professional counseling (a combination of individual & group counseling) & 100 clinical supervision hours, obtained in no less than 2 years post-master’s.
- Passing score on the NCE/NCMHCE
- Completion of 20 hours of CEUs, of which the following must be included: Ethics, HIPAA, Cultural Diversity/Sensitivity & Telehealth will be required for renewal

Licensed Marriage & Family Therapist (LMFT): an individual who renders for compensation professional marriage and family therapy services to individuals, couples and families, singularly or in groups, whether such services are offered directly to the general public or through organizations, either public or private.

Educational & Professional Requirements for the LMFT:
- Hold a minimum of a master’s degree, with completion of a minimum of 60 graduate semester hours, including a master’s or doctoral degree, with emphasis in marriage & family therapy, or a closely related field with graduate level coursework in each of the following:
  - Dynamics of marriage & family systems
  - General counseling theory & techniques
  - Marriage therapy and counseling theory and techniques
  - Family growth and development
  - Social and cultural foundations of counseling
  - Contextual dimensions of marriage & family therapy (social trends, family life cycle

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development stages, human sexuality, ethnic
diversity, psychosocial theory, family origin &
blended family)
- Psychopathology
- Appraisal/Assessment & Testing of Individuals
- Professional orientation & ethics
- Research & program evaluation

- Completion of a 1,000-hour university-sponsored practicum, internship or field experience
- Completion of a minimum of 1,500 direct clinical hours of marriage & family therapy & 100 clinical supervision hours, obtained in no less than 2 years post-master’s
- Passing score on the National AMFTRB’s MFT National Exam
- Completion of 20 hours of CEUs, of which the following must be included: Ethics, HIPAA, Cultural Diversity/Sensitivity & Telehealth will be required for renewal

Licensed Substance Abuse Counselor (LSAC): an individual who renders, for compensation, chemical dependency or addictions counseling or chemical dependency counseling or addictions counseling related services to an individual, group, organization, corporation, institution, or to the general public, who is trained and experience in chemical dependency counseling and addictions counseling, and who is licensed under this chapter to engage in the practice of chemical dependency and addictions counseling.

Educational & Professional Requirements for the LSAC:
- Hold a minimum of a master’s degree in addictions counseling, professional counseling, counselor education, counseling psychology, community mental health or in a comparable field with a concentration in mental health and substance abuse, with graduate level coursework in each of the following:
  - Counseling Theory & Practice
  - Human Growth & Development
  - Lifestyle & Career Development
  - Group Dynamics, processes, counseling &
    consulting
  - Appraisal/Assessment & Testing of Individuals
  - Principles of diagnosis, treatment, planning &
    prevention of mental & emotional disorders &
    dysfunctional behavior
  - Social & cultural foundation / Multi-cultural
counseling
  - Marriage and family counseling/therapy
  - Research & program evaluation
  - Professional orientation & ethics
  - Coursework in the core areas relating to the
treatment of clients for alcohol and/or drug
abuse.
- Completion of a 1,000-hour university-sponsored practicum, internship or field experience
- Completion of a minimum of 1,500 post-master’s direct clinical hours of professional counseling (a combination of individual & group counseling), of which a minimum of 600 of are in substance abuse counseling, & 100 clinical supervision hours, obtained in no less than 2 years post-master’s
- Passing score on the NCE/NCMHCE
- Passing score on a substance abuse/addictions exam accepted for certification in any state or territory of the United States
- Completion of 20 hours of CEUs, of which a minimum of 6 must be related to substance abuse /addiction, and the following must be included: Ethics, HIPAA, Cultural Diversity/Sensitivity & Telehealth will be required for renewal

Licensure by Endorsement Requirements for LPC, LMFT & LSAC:
Applicants for licensure by endorsement who have been licensed in another state or territory of the United States must have the following:
- An active valid license to practice and active practice in the profession for which licensure is applied in another state where the requirements for licensure are equivalent to or exceed the requirements of this Territory (individuals whose educational training do not meet the licensure requirements of this Territory will be allowed a period of two (2) years to obtain the required courses; licensure will not be eligible for renewal without the verification of course completion. Verification is only accepted through the submission of official transcripts sent directly to the Board from the educational institution).
- A license in good standing that is not under investigation or found to have committed any act which would constitute a violation of Chapter 27 V.I.C
- A master’s degree, or higher, and coursework in applicable content areas
- Passing score on national clinical examination (for LPCs the NCE / NCMHCE; for LMFTs the National AMFTRB Exam; for LSACs the NCE/NCMHCE, as well as a qualifying state-approved substance abuse/addiction examination)
- Completion of 20 hours of CEUs, of which the following must be included: Ethics, HIPAA, Cultural Diversity/Sensitivity & Telehealth will be required for renewal
FOREIGN EDUCATION: For the Board to consider education completed outside the U.S. or Canada, documentation must be received which verifies the institution at which the education was completed was equivalent to a regionally accredited U.S. institution and the coursework met the content and credit hour requirement for graduate level coursework in the U.S. It is the applicant’s responsibility to obtain an evaluation from a recognized foreign equivalency determination service that documents the acceptability of the coursework. The Board must receive an original evaluation mailed directly from the educational evaluation service.

APPLICATION REVIEW/DETERMINATION PROCESS: The Board meets on a monthly basis to review applications. Upon review and approval by the Board, an interim license will be issued. Interim licenses will be valid for a period of two (2) years from the date of issue. Interim licenses are valid for professional practice at the independent level. Notification of approval or denial will be provided via email within 30 days after Board meeting and application review. The Board reserves the right to request additional information as means of verifying items provided within this application.

REQUIRED NCIC BACKGROUND CHECK: The application process includes a national background check, a non-refundable application fee needs to be submitted along with your completed application.

FEES: Non-refundable application fee of $50.00; non-refundable background check fee of $250; $200.00 licensure fee per category (due upon approval), payable via check or money order, each made payable to: The Government of the Virgin Islands

PLEASE ATTACH ALL REQUIRED DOCUMENTS, FAILURE TO DO SO MAY RESULT IN DELAYED PROCESSING.

APPLICATION CHECKLIST:

### Licensure by Exam:

- (2) 2x2 passport size photos
- Copy of degree(s) (Master’s and Doctorate, if applicable)
- Copy of government-issued identification (driver’s license, passport, state identification card)
- Professional disclosure statement
- Proof of completion of required CEUs (certificates indicating subject, date and number of continuing education hours)
- Verification of practicum & clinical supervision (letter from site supervisor & clinical supervisor)
- Non-refundable application fee of $50.00; non-refundable background check fee of $250; $200.00 licensure fee per category (due upon approval), payable via check or money order, with each made payable to: The Government of the Virgin Islands
- Proof of malpractice insurance (to include telehealth coverage if providing services via telehealth)
- 1 reference letter on Good Moral Character / Moral Turpitude
- 2 professional reference letters from 2 individuals in the field of counseling

### Licensure by Endorsement:

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All Applicants, please have the following sent directly to the board:

- Official transcripts (sent directly from the educational institution)
- Official exam scores (sent directly from the testing company, i.e. NBCC, AMFTRB)

For Endorsement Applicants:

- Official verification/Certification of license (sent directly from the licensing agency of any state or territory of the United States you currently hold an active professional license in good standing)

Application, fees and supporting documents can be mailed to:  
Att: H. Nathalie Hodge  
Assistant Commissioner, Office of Boards and Commissions  
V.I. Board of Licensed Counselors & Examiners  
Department of Licensing and Consumer Affairs  
Golden Rock Shopping Center, Suite #9  
Christiansted, VI 00820-4311

Transcripts, exam scores & verification of licensure may also be emailed to: nathalie.hodge@dlca.vi.gov
**INTERIM APPLICATION FOR LICENSURE**

I am applying for:  
- [ ] Licensed Professional Counselor  
- [ ] Licensed Marriage & Family Therapist  
- [ ] Licensed Substance Abuse Counselor  

I am seeking licensure via:  
- [ ] Examination  
- [ ] Endorsement /State:________

**Applicant Information**

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Date:</th>
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| Firm/Corporation/Partnership/Organization Name: | |

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<th>Date of Birth:</th>
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<th>Phone:</th>
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**Professional History**

*If you answer “Yes” to any question in this section, you must provide the Board complete details, including any available documentation. Additionally, if granted a license and at any point one of the following situations occur, I will notify this Board in writing within 7-10 business days.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Have you ever been denied a psychotherapy or counseling-related license or the renewal thereof in any state?</td>
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<td>Have you ever been denied the right to take a psychotherapy or counseling related licensure examination?</td>
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<td>Have you ever had a license to practice any profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?</td>
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<td>Are you now, or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice or lack of professional competence?</td>
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<td>Is there currently pending, in any jurisdiction, a complaint against your professional conduct or competency in a psychotherapy or counseling-related profession?</td>
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<td>Have you ever been involved in, reprimanded for, or disciplined by an employer or educational institution for:</td>
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<td>Acts of dishonesty, fraud, or deceit</td>
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**Education & Training**

If necessary, list additional educational programs on a separate page and attach to this application.

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**Work Experience**

Fill out the following section documenting the past 5 years of employment history, or attach a copy of your resume/CV to this application.

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<th>Company</th>
<th>Phone</th>
<th>Address</th>
<th>Supervisor</th>
<th>Dates From</th>
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<th>Title</th>
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| State Professional Licensure / Certification |

If necessary, list any additional active license(s) on a separate page and attach to this application.

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05/20
## Supporting Documentation & Fees

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Golden Rock Shopping Center, Suite #9  
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nathalie.hodge@dlca.vi.gov
I attest, under penalty of perjury, that I am the applicant named in this application, that I have read and completed the contents thereof, and to the best of my knowledge and belief, all answers and statements are true and correct. I further agree to hold the Board, and DLCA free from any civil liability for damages or complaints by reason of any action that is within the scope and arising out of the performance of their duties which they may take in connection with this application and/or the failure of the Board to issue me said licensure. I understand the board may require additional verifiable documentation in order to ensure the meeting of all requirements upon review of your application. By submitting this application, I agree to undergo an NCIC background screening. Additionally, I understand that if issued a license, I must notify this Board of instances of any denial of counseling-related license(s), denial of right to take licensure examinations, revocation of an existing license to practice, become a defendant in civil litigation due to negligence, malpractice or lack of professional competence, any pending complaint against your professional conduct or competency in professional practice or instances of reprimand or discipline for acts of dishonesty, fraud, deceit, lying on a resume or misrepresentation, academic misconduct, including acts such as cheating or plagiarism, theft and/or sexual misconduct within 7-10 business days of occurrence.

Signature of Applicant: ___________________________ Date: __________________

STATE/TERRITORY: ___________________________
COUNTY: ___________________________ (if applicable)

The foregoing instrument was acknowledged before me this _____ day of 20____, by _____________________________________
(name of person acknowledging.)

(Seal)

____________________________
Signature of Notary Public

____________________________
Print, Type/Stamp Name of Notary

Personally known: _______
OR Produced Identification: _______
Type of Identification Produced: _______

Board Disposition:
Application Approved: □ YES □ NO □ PENDING Date: ___________________________

_________________________ Signature, Board Chair
_________________________ Board Member
_________________________ Board Member
_________________________ Board Member
_________________________ Board Member

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