

**Information To Applicants For Licensure As A
Clinical Mental Health Counselor**

Your application can be considered only to the extent that the following requirements are met.

ALL APPLICANTS MUST DO THE FOLLOWING:

1. Complete the application, pages 1, 2 & 3
2. Have every state in which you now hold or have ever held a license or certificate to practice clinical mental health counseling complete the "Verification of Licensure/Certification and Licensing/Certification Standards". Pages 4, and 5.

Applicants Applying by Examination: In addition to supplying the information required in paragraphs 1 and 2 above, examination applicants must also:

3. Submit the completed application, official transcripts (directly from the institution), a syllabi or course descriptions and application fee, \$ 125.00, by the deadline date which is 90 days before the day of the examination.

If the above documentation is not received by the Office of Professional Regulation by the deadline your application will not be reviewed and you will not be able to sit for that examination.

4. Vermont requires that both National Examinations (NCE and NCMHCE) be successfully completed.
 - A. The examination fee for each examination is \$120.00. If you have not previously successfully completed one of the examinations and need to take both the total fee examination is \$240.00. All examination fees and the **Vermont Licensure Examination Registration** form **must** be submitted directly to the National Board of Certified Counselors (NBCC) at least 60 days prior to the scheduled administration date of the examination(s) you wish to take. **Please review this form carefully.** Their address is: NBCC, P.O. Box 7407, Greensboro, NC 27417-0407. Their telephone number is (336) 547-0607. **It is your responsibility to be sure payment is made to NBCC by the deadline date to ensure your ability to take these examination(s).**
 - B. The examinations are usually held in April, July and October of each year. You may contact the Office for exact dates and deadlines.
 - C. Submission of the first three pages of the application, official transcripts (sent to this Office directly from the graduate school(s)), syllabi or course descriptions and indication on your transcript or from your graduate school verifying you completed a 1,000 hour internship as required in Rules 2.4(A)(3), and fee must be received by the deadline.
 - D. The rest of the application and all other supporting documentation may be submitted later.

Applicants Applying by Examination - continued

5. Arrange to have certified graduate transcripts sent directly from your graduate school(s).

Submit course descriptions and/or syllabi of all your courses.
6. Have your supervisor(s) complete the supervision form. (Supervisors must also submit proof of their licensure/certification. See the "Verification of Supervisor's Certification/Licensure form.)

NOTE: Passage of the exam does not guarantee that you will be licensed. All other criteria must be met before the licensure is granted.

Board of Allied Mental Health Practitioners
26 Terrace Street, Montpelier, VT 05609-1101
Telephone Number: (802) 828-2390 - email: dlafail@sec.state.vt.us

Applicants Applying by Endorsement: In addition to supplying the information required in paragraphs 1 and 2 above, endorsement applicants must also:

8. Submit the completed application and fee, \$ 125.00.
9. A copy of the statutes and rules from the state(s) from which you are trying to be endorsed must be forwarded to this Office.

Important Information: All licenses renew on a fixed 24 month schedule: January 31 of the odd numbered years. Applicants issued an initial license more than 90 days prior to the renewal date will be required to renew and pay the renewal fee.

Initial licenses issued within 90 days of the renewal date will not be required to renew and pay the renewal fee.

**Steps In The Licensure Process
For New Graduates**

- 1) Fill out the **application** and mail it to the Board of Allied Mental Health Practitioners. Include course descriptions for all courses, and a letter of documentation that you completed a 1,000-hour practicum/internship in a clinical mental health setting as part of your degree. It is in your best interest to **do this promptly after graduation**.
- 2) Request that the school **send a transcript** directly to the Board.
- 3) You may begin to accumulate supervised practice and supervision hours as soon as you have completed all degree requirements, even if graduation is several months later. The board will need **documentation** from your program of the date when you complete degree requirements.
- 4) You must have a total of **3,000 hours** of supervised practice, at least **2,000** of which must be **direct service**. Both direct and indirect practice hours must be documented separately on a supervision form (or more than one form). The supervisor must have been licensed and in good standing for **no fewer than three years**.
- 5) You must have **1 hour of supervision for every 30 hours of practice**. At least 50% of your supervision must be individual. Up to 50% may be group supervision, with not more than 6 supervisees in the group. **All must be face-to-face**.
- 6) Your **supervisor must be licensed** as a psychiatrist, psychologist, independent clinical social worker, marriage and family therapist, psychiatric nurse practitioners or a clinical mental health counselor and must have been licensed for at least 3 years, in good standing, when the supervision commenced.
- 7) You can take the **exams (NCE and NCMHCE) when the Board approves your education**. You cannot take the exams until the Board approves your education, unless you took the NCE during your graduate program.
- 8) Your 3,000 hours of supervised practice and 100 hours of supervision must be acquired in **not less than 24 months**, and must begin only after the completion of degree requirements.
- 9) **Supervision forms must include an end date**. Your supervisor cannot write "ongoing" as an end date, even if supervision is continuing.

Application for Licensure as a Mental Health Counselor

I am applying on the basis of: _____ Examination _____ Endorsement

Type or Print. When space is insufficient, attach additional sheets.

Last Name	First Name	MI	Former/Maiden
Mailing Address – Street			
City	State	Zip Code	
Telephone:	Fax:	E-Mail:	

911 Address – (if different than mailing address) - Street		
City	State	Zip Code

Business Name		
Mailing Address – Street		
City	State	Zip Code
Telephone:	Fax:	

Graduate Education: Name, City & State of College/University Attended - Institution must send official transcripts. Applicant must submit course descriptions and/or syllabi.	Degree Earned	Date Graduated (mm/dd/yy)

Supervised Experience – List below when and with whom you gained your post-master’s clinical experience.		
Supervisor’s Full Name	License Type	Supervision Dates (From/To)

List below every state in which you now hold, or have ever held, a license to practice.			
State	License #	Date Issued	Date Expires(d)

Circle Yes or No. A yes requires a written explanation, and/or other documentation.	
1. Have you been convicted of a crime other than a minor traffic violation? <i>If "yes," explain and attach the court documents, if any.</i>	YES NO
2. Has Vermont, any other state, territory, or other jurisdiction, denied your application for a license, certificate, or registration in any profession or occupation? <i>If the answer is "yes," provide a certified copy of the action.</i>	YES NO
3. Has Vermont, any other state, territory, or other jurisdiction, restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If the answer is "yes," provide a certified copy of the action.</i>	YES NO
Circle Yes or No. A yes requires a written explanation, and/or other documentation. Answers to these Questions are not subject to public disclosure.	
1. Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice with reasonable skill and safety? <i>If "yes," provide a physician's statement or medical confirmation of the disability.</i>	YES NO
2. Are you currently addicted to, or in any way dependent on, the use of alcohol or habit forming drugs? <i>If "yes," please explain in detail.</i>	YES NO

Statement of Applicant	
<p>I hereby certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate to the best of my knowledge. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification/registration or further disciplinary sanction.</p>	
Signature:	Date:

Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions	
Pursuant to 15 V.S.A. § 795, 32 V.S.A. § 3133, and 21 V.S.A. § 1378 you are required to answer the following:	
Child Support	You must check one of the statements below regarding child support: As of the date of this renewal application:
	This does not apply to me, because I do not have any children; OR
	I do not owe any child support, or I do owe child support, but am under a plan with the Office of Child Support to pay all child support due; OR
	I am behind in my child support, and I request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an Application for Hardship

Taxes	You must check one of the two statements below regarding taxes. As of the date of this renewal application:
	All tax returns have been filed, and I do not owe any taxes, or I owe taxes but am under a plan with the Department of Taxes to pay all taxes due or they are under appeal; OR
	I am behind in my tax payments, and I request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an Application for Hardship.

Unemployment Compensation	You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions. As of the date of this renewal application:
	This does not apply to me, because I am not now, nor have I ever been, an employer; OR
	I do not owe any unemployment compensation, or I owe unemployment compensation but am under plan with the Unemployment Division to pay any and all unemployment compensation due; OR
	I am behind in my unemployment compensation payments, and I request that the licensing authority determine that immediate payment would impose an unreasonable hardship. Please forward an Application for Hardship.

Social Security #	Date of Birth
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* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Departments of Taxes, Child Support and Employment and Training in the administration of Vermont law, to identify individuals affected by such laws. Your Social Security Number Is Not Subject to Disclosure as Part of a Public Records Request.

Statement of Applicant	
I hereby certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate to the best of my knowledge. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my mental health counselor application.	
Signature of Applicant	Date

VERIFICATION OF LICENSURE/CERTIFICATION

Applicant: Complete the applicant section of this form and have every state in which you now hold or have ever held a license/certification to practice complete this page.

<hr/>	<hr/>
Name (last, first, middle)	name on registration, if different)
<hr/>	
Address (street, city, state & zip code)	
<hr/>	
Date of birth _____	Licensed as: _____
<hr/>	
Registration # _____	Date issued _____
<hr/>	
I hereby authorize the _____ to furnish to the Vermont Office of Professional Regulation the information requested below.	
Date _____	Signature _____

This is to certify that the above-named individual was issued:	
<hr/>	
License # _____	Licensed as: _____
<hr/>	
Date Issued: _____	
Licensed by: <input type="checkbox"/> Examination	License Status: <input type="checkbox"/> Active
<input type="checkbox"/> Endorsement/Reciprocity	<input type="checkbox"/> Inactive
<input type="checkbox"/> Waiver	<input type="checkbox"/> Lapsed
<hr/>	
Date license expires: _____	
<hr/>	
Has this license ever been encumbered in any way (revoked, suspended, limited, surrendered, restricted, placed on probation)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the decision.	
<hr/>	
Name printed: _____	
<hr/>	
State completing this form: _____	
<hr/>	
Complete Address: _____	
<hr/>	
Phone Number: _____	Fax Number: _____

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

VERIFICATION OF SUPERVISOR'S CERTIFICATION/LICENSE

Name of Applicant applying for licensure: _____

SUPERVISOR: Complete the top section of this form and have the state in which you performed the supervision complete the remainder of this page.

_____/_____
Name (last, first, middle) (name on registration, if different)

Address (street, city, state & zip code)

Date of birth _____ Licensed as: _____

Registration # _____ Date issued _____

How many years have you been licensed? _____

I hereby authorize the _____ to furnish to the Vermont Office of Professional Regulation the information requested below.

Date _____ Signature _____

This is to certify that the above-named individual was issued:

License # _____ Licensed as: _____ Date Issued: _____

Licensed by: Examination License Status: Active
 Endorsement/Reciprocity Inactive
 Waiver Lapsed

Date license expires: _____

Has this license ever been encumbered in any way (revoked, suspended, limited, surrendered, restricted, placed on probation)? Yes No If yes, attach a copy of the decision.

Name printed: _____

State completing this form: _____

Complete Address: _____

Phone Number: _____ Fax Number: _____

REPORT OF SUPERVISION

Dear Supervisor:

We appreciate your assistance in our evaluation of your supervisee for licensed and independent practice as a Clinical Mental Health Counselor in the State of Vermont. We attach considerable importance to the supervisor's report in our evaluation of applicants for licensure and ask you to give us a good sense of your supervisee's experience, performance, and character as well as the specific nature of the supervision you provided. Feel free to append additional pages if the space provided is not sufficient for you to give an adequate account of your supervisee's work. Vermont law requires that the supervisor be a licensed physician or a licensed osteopathic physician who has completed a residency in psychiatry, a licensed psychologist, a licensed clinical mental health counselor, a licensed clinical social worker, a licensed marriage and family therapist, a licensed psychiatric nurse practitioner, or a person certified or licensed in another state or Canada in one of these professions, or in a licensed profession which is their substantial equivalent.

In completing the attached form, we ask that you:

1. Type or print your responses clearly.
2. Respond to all questions or provide an explanation for any omissions; all areas must be completed fully and omissions explained, or the form will be returned.
3. Provide any additional information which you feel is relevant to our evaluation of your supervisee's ability to engage in the independent practice of clinical mental health counseling.
4. Provide verification of your license, which must be sent to this Division directly from the licensing authority of the state in which you were licensed at the time you provided supervision. This form only needs to be completed if you are **not** licensed in Vermont, or if you were licensed in another jurisdiction when the supervision took place.
5. Retain a copy of the report for your own files.
6. Forward the completed form and supporting documentation to the address below.

NOTE: The supervisor must have been licensed, in good standing, for at least three years to provide supervision.

Sincerely,

Diane W. Lafaille, Board Administrator

Enclosure

NOTE: The supervision requirement is 3,000 hours of supervised practice over a minimum two-year period, commencing no earlier than the completion of the graduate program. Of the 3,000 practice hours, 2000 hours must be direct service, with the additional 1,000 hours in either continued clinical practice or a combination of related services in a clinical supervisory setting. Please refer to 26 V.S.A. § 3261(2) for the definition of a "clinical mental health counseling" setting. The supervised practice must include 100 hours of face-to-face supervision. Face-to-face supervision is conducted in the formal setting of an office, clinic, or institution and may be either in an individual setting, between the supervisor and the applicant, or in a group setting, including the supervisor and up to six trainees. Of the 100 hours, 50 must be in an individual setting. The required ratio of supervision to supervised practice is 1:30; one hour of supervision per 30 hours of supervised practice. The 1:30 ratio applies to each supervisor and practice setting.

REPORT OF SUPERVISED EXPERIENCE

Applicant's name in full:

The Following Information Is To Be Completed By The Supervisor

Last Name	First Name	MI
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Mailing Address – Street

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City	State	Zip Code
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Telephone:	Fax:	E-Mail:
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List below every state in which you now hold, or have ever held, a license to practice.

State	Profession/License #	Date Issued	Date Expires(d)
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3. Setting In Which Supervised Practice Occurred:

Name Of Practice Setting: _____ **Address:** _____

Practice Setting: Clinic _____ Hospital _____ Private Practice _____ Other _____

4) Dates And Hours Of Practice And Supervision

Supervision Began: _____ **Ended:** _____
 (Month/Day/Year) (Month/Day/Year)

***If The Supervision Is Ongoing State The Current Date - Do Not State "In Progress".*

Total Number of: Supervised Practice Hours To Include The Following:

Total Number of Direct Hours Worked _____

Total Number of Indirect Hours Worked _____

Total Number of Group Supervision Hours _____

Total number of individual supervision hours _____

REPORT OF SUPERVISED EXPERIENCE – PAGE 2

5. DESCRIPTION OF SUPERVISION - Please describe in detail the specific nature of supervision. Describe the supervisory methods and the nature of the issues dealt with in supervision.

6. ASSESSMENT OF PERFORMANCE - Please provide a critical evaluation of the applicant's performance noting strengths, weaknesses, etc.

7. RECOMMENDATION FOR INDEPENDENT PRACTICE - Please indicate below whether or not you recommend this applicant for independent practice. Please note if you would restrict this applicant to particular areas of clinical practice.

STATEMENT OF SUPERVISOR

I hereby certify that I am not a spouse, life partner, former spouse, or family member, or an employer, financial partner, or shareholder in the same counseling enterprise, or a person who gains financially from the practice of the applicant.

I hereby certify that I have no fewer than three years licensed and in good standing practice in a permitted supervisory profession before commencing supervision toward this applicant's licensure.

I hereby certify that all information I have provided herein is true and accurate to the best of my knowledge.

(Signature of Supervisor)

(Date)

Required Coursework for Licensed Clinical Mental Health Counselor Degrees

Applicant's Name: _____

To be eligible for licensure as a clinical mental health counselor, an applicant must have satisfied the educational requirement, the supervision requirement, and the examination requirement.

Education requirement: An applicant must have completed a minimum of 60 graduate hours of course work and received a master's degree or higher degree, in clinical mental health counseling, from an accredited educational institution, after having successfully completed a course of study which meets all of the following criteria. This means that the **counseling degree conferred** upon the student by the educational institution and submitted to the Board for review may contain less than 60 graduate hours of course work but must still cover all of the required course work listed in 3.8. If the degree contains 3 graduate credits in every section (1) through (7) as listed below, it meets both the degree requirement and the Group 1 requirement for licensure. If necessary, up to six graduate credits may be taken post degree to satisfy this section's requirement. If the degree lacks more than 6 credits from sections (1) through (7) (after the post degree supplementation permitted in this rule), it cannot count as a "counseling or related degree" necessary for licensure.

If the counseling degree conferred contains less than 60 graduate hours of course work, the applicant must acquire enough additional graduate hours of course work to reach at least 60 graduate hours of course work. For example, an applicant may present for Board review a counseling degree consisting of 48 graduate hours of course work covering all of the categories listed in rule 3.8 below. In this example, the applicant would then also be required to show successful completion of an additional 12 graduate hours of course work, at the same or at another educational institution, beyond the counseling degree conferred, to satisfy the requirement of minimum of 60 graduate hours of course work. In addition, if the counseling degree conferred in this example does not contain course work listed under Rule 3.8, the applicant would be allowed to supplement up to 6 credits. If an applicant does not have a course in Group 1, "Diagnosis, Assessment and Treatment", the degree cannot count as a "counseling or related degree".

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Required Coursework for Licensed Clinical Mental Health Counselor Degrees

Applicant's Name	
Degree Received	
Approval Date	
Approved By	

Course Name	# of Credits	Diagnosis, Assessment and Treatment. To qualify as a "counseling or related degree" the degree must contain no fewer than 3 graduate credits in "Diagnosis, Assessment and Treatment." Diagnosis, Assessment and Treatment means: studies that provide an understanding of psychopathology. Studies in this area would include the Diagnostic and Statistical Manual and its use in counseling, and assessing psychopathology. The course shall also include the development of treatment plans and the use of related services, and the role of assessment, intake interviews, and reports, if that material is not covered in another treatment course.

Group 1 Courses - These courses, in addition to Diagnosis, Assessment and Treatment, define a counseling or related degree. No fewer than 15 of the 21 credits in this category must be completed within the degree conferred. No more than 6 may be supplemented after the degree is conferred.

Course Name	# of Credits	(1) Human Growth and Development: 3 Graduate credits. Studies that provide an understanding of the nature and needs of individuals at all developmental levels throughout the life span. Studies in this area would include theories of individual and family development and transitions across the life span, and theories of learning and personality development.

Course Name	# of Credits	(2) Theories: 3 Graduate credits. Studies that survey counseling theories (e.g. Psychodynamic, Humanist, Behavioral, Transpersonal) and their historic and functional relationship to specific counseling approaches (e.g., Cognitive Behavior Therapy, Psychoanalysis, Family Systems, Solution Focused Therapy, Rational Emotive Therapy).

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Course Name	# of Credits	(3) Counseling Skills: 3 Graduate credits. Studies that provide an understanding of the counseling and consultation processes, development of student self-awareness, and the skills necessary for developing a positive therapeutic relationship.

Course Name	# of Credits	(4) Groups: 3 Graduate credits. Studies that provide an understanding of group development and group dynamics. Studies in this area would include group counseling theories, group counseling methods and skills, group leadership styles, and other group work approaches.

Course Name	# of Credits	(5) Measurement: 3 Graduate credits. Studies that provide an understanding of group and individual educational and psychometric theories and approaches to measurement. Course work would cover data and information-gathering methods, validity, reliability, psychometric statistics, factors influencing measurements, and use of measurement results in the helping process.

Course Name	# of Credits	(6) Professional Orientation and Ethics: 3 Graduate credits. Studies that provide an understanding of the professional counselor's roles and functions. Course work would cover professional counseling organizations and associations, history and trends within the counseling profession, ethical and legal standards, and counselor preparation standards and credentialing.

Course Name	# of Credits	(7) Treatment Modalities: 3 Graduate credits. Studies that provide an understanding of specific treatment approaches such as Cognitive Behavioral Therapy, Feminist Therapy, Narrative Therapy, and Psychoanalytic Psychotherapy. Studies will focus on one or more modalities. Emphasis will be placed upon the application of theories to practice, including case conceptualization and corresponding therapeutic interventions.

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Group 2 Courses - The applicant must have at least three graduate credits in at least two of the following areas of study (for a total of six credits). These courses may be taken as part of the counseling degree conferred or as supplemental courses taken after completion of the counseling degree.

Course Name	# of Credits	(1) Marriage, Couples, and Family Counseling: Studies that provide an understanding of the structure and dynamics of the family, and methods of marital and family intervention and counseling.

Course Name	# of Credits	(2) Human Sexuality for Counselors: Studies that provide an understanding of human sexual function and dysfunction, the relationship between sexuality, self-esteem, sex and gender roles and life styles over the life cycle, and counseling treatment approaches and techniques.

Course Name	# of Credits	(3) Crisis Intervention: Studies that provide an understanding of the theory and practice of crisis intervention, short-term crisis counseling strategies, and the responsibilities of all those involved in the intervention.

Course Name	# of Credits	(4) Addictive Disorders: Studies that provide an understanding of the stages, processes, and effects of addiction, social and psychological dynamics of chemical dependency, and the professional's role in prevention, intervention, and aftercare.

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Course Name	# of Credits	(5) Psychopharmacology: Studies that provide an understanding of the basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for the purpose of identifying effective dosages and side effects of such medications.

Group 3 Courses - The applicant must have at least three graduate credits in each of the following courses. These courses may be taken as part of the counseling degree conferred or as supplemental courses taken after completion of the counseling degree.

Course Name	# of Credits	(1) Multi-cultural Studies: Studies that provide an understanding of issues and trends in a multi-cultural and diverse society. Course work would cover attitudes and behaviors based on such factors as age, role, religion, physical disability, sexual orientation, ethnicity and culture, family patterns, gender, socioeconomic status, and intellectual ability.

Course Name	# of Credits	(2) Research and Evaluation: Studies that provide an understanding of research in the field of clinical mental health counseling. Course work would cover the types of research, basic statistics, research report development, research implementation, program evaluation, needs assessment, and ethical and legal considerations associated with research and evaluation.

Course Name	# of Credits	(3) Career Development and Lifestyle Appraisal: Studies that provide an understanding of career development theories, occupational and educational information services, career counseling, and career decision making.

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Internship or Field Experience

Course Name	# of Credits	
		<p>The counseling degree conferred must include graduate coursework in a supervised practicum, internship, or field experience. A supervised practicum, internship, or field experience requires a student to complete not less than a full academic year of at least 1000 clocked hours in a mental health counseling setting that meets the definition of a “clinical mental health counseling” setting as set forth in 26 V.S.A. § 3261(2). However, the first 100 hours of the 1000 clocked hours may be completed in a practicum as defined by the student’s educational institution, with the remaining 900 hours to be completed as set forth in this rule. If the original degree provides less than the required 1000 hours internship, practicum, or field experience, then the applicant may supplement a maximum of 400 hours by enrolling in a graduate level program internship from an accredited school as defined by 1.2 (c) (1) and (2) in these rules. The internship provides an opportunity for the student to perform all the activities that a regularly employed clinical mental health counselor would be expected to perform.</p>