Wyoming Mental Health Professions Licensing Board

2001 Capitol Ave, Room 127 ♦ Cheyenne, WY 82002
WyoMHPLB@wyo.gov

Licensed Professional Counselor by Examination Instructions

For specific requirements, review Chapters 11 and 12 of the Board's Rules.

CHECKLIST

_____**Legibly Completed Application Form with Original Signature**

Mail the application form back to the address above. You will receive an email at the address included on your application when your application and fee have been received within 7-10 business days.

_____**$419 Application Fee**

Includes $39 for background check and $5 for NPDB check. Make your check, cashier's check, or money order payable to the State of Wyoming. All fees are non-refundable.

_____**Proof of Lawful Presence**

The U.S. Immigration and Naturalization Service (INS) has developed a list of documentation which is acceptable as proof of lawful presence. Please complete the form included in this packet and provide a copy of a document from LIST A or copies of documents from LIST B and C. Don't send originals.

Please note that the name on your application must match the name on your proof of legal presence. If your name has changed, you will also need to provide a copy of the legal document that allowed for the name change (i.e. marriage certificate or divorce decree).

_____**Fingerprint Cards**

*Include **2 copies** of the FD-258 fingerprint card in compliance with the separate instructions. Fingerprints must be completed within six (6) months of the date they are submitted to the Board.*

_____**Official Transcript**

Have your school send official transcripts of your Master's degree directly to the Board Office either by mail or by email.

_____**Transcript Evaluation Form (if applicable)**

If your program is not CACREP or CORE accredited, you must fill out the transcript evaluation form.

_____**Verification and Evaluation of Supervised Experience (VESE)**

Your supervisor must submit the VESE form directly to the Board Office by mail, fax or email.

_____**Official Exam Score Report**

Request the testing Agency (ASWB, NBCC, NAADAC, etc) send your official exam score to Wyoming.

_____**State License/Certification Verification (if applicable)**

Request an Official Verification be sent directly to the Wyoming Board Office from any jurisdiction where you hold or have held a license or certification. That can be mailed to the address above or emailed to wyomhplb@wyo.gov.

Continued on next page

_____**Professional Disclosure Statement**

Include a copy of the Professional Disclosure Statement that you will use once you are granted a license by the Board. Guidelines are found in the Disclosure Statement Requirements document.

PROCESS

If you have provided a valid email address on your application, you will receive a confirmation message when your application, lawful presence, and fee are received. This email will also provide a status update. Once your file is complete, it will be emailed to an Application Review Committee for consideration. Review generally takes 2-3 weeks in addition to the 3-5 weeks for the background check to be returned to the office. Following approval, your license materials will be mailed to the preferred mailing address you provide on the application form.

You may inquire about your application status by emailing wyomhplb@wyo.gov. Please limit your inquiries to no more than once per week.

Wyoming Mental Health Professions Licensing Board

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LICENSED PROFESSIONAL COUNSELOR BY EXAMINATION APPLICATION

Fee: $419.00 **(Fee includes $375 Application Fee; $39 Background Check Fee; and $5 NPDB Continuous Query Fee)**

1. Legal Name & Personal Information

Last Name	*First Name*	*Middle Initial*

Previous Names Used	*Social Security Number*	*Date of Birth*

2. Contact Information

Residence Mailing Address

City	*State*	*Zip*

Business Name

Business Mailing Address

City	*State*	*Zip*

Home/Cell Phone	*Business Phone*

3. Correspondence

Issues with your application and all general correspondence will be sent to you via email. Please list an email you check regularly. Other correspondence may be mailed to you. Select a mailing address where you receive mail in a timely manner.

Email:	*Mail Preference* ▢ Home ▢ Business

4. Public Health Emergencies

Are you willing to be mobilized to serve as a volunteer during times of public health threats, disasters, or other emergencies in Wyoming?	▢ Yes ▢ No

5. Military Information

Are you a military service member as defined in W.S. 33-1-117(a)(v)?	▢ Yes ▢ No
Are you the spouse of a military service member as defined in W.S. 33-1-117(a)(vi)?	▢ Yes ▢ No

6. Other Licenses

Indicate registration(s), license(s), or certification(s) in all states, including Wyoming, where you are currently or have been previously registered, licensed or certified in any profession. Begin with your original registration, license or certification. Note carefully any registrations, licenses or certifications not currently in good standing. Refer to the application instructions for additional direction.

State	*License #*	*License Type*	*Issue Date*	*Expiration Date*	*Status*
					▢ Active ▢ Expired ▢ Revoked/Suspended ▢ Other:
					▢ Active ▢ Expired ▢ Revoked/Suspended ▢ Other:
					▢ Active ▢ Expired ▢ Revoked/Suspended ▢ Other:
					▢ Active ▢ Expired ▢ Revoked/Suspended ▢ Other:

7. Education

List any universities or colleges attended that satisfy the educational requirement in the discipline for which licensure or certification is sought. Refer to the application instructions for additional direction.

Name and City/State of Institution	*Degree Received*	*Date of graduation*
Name and City/State of Institution	*Degree Received*	*Date of graduation*
Name and City/State of Institution	*Degree Received*	*Date of graduation*

8. Practical Experience

List below your training/work experience. Begin with today and work back in time. Note any interruptions in time, such as periods of unemployment and/or education. Refer to the application instructions for additional direction.

Name of Organization:

Address of Organization:

▢ School internship or practicum ▢ Employment	Dates Worked: mm/yyyy to mm/yyyy	Supervisor:

Brief Description of Work:

Name of Organization:

Address of Organization:

▢ School internship or practicum ▢ Employment	Dates Worked: mm/yyyy to mm/yyyy	Supervisor:

Brief Description of Work:

Name of Organization:

Address of Organization:

▢ School internship or practicum ▢ Employment	Dates Worked: mm/yyyy to mm/yyyy	Supervisor:

Brief Description of Work:

Name of Organization:

Address of Organization:

▢ School internship or practicum ▢ Employment	Dates Worked: mm/yyyy to mm/yyyy	Supervisor:

Brief Description of Work:

9. Practice History

If you mark yes to any of these questions, you must attach a personal statement, detailed explanation and copies of relevant documentation.

A. Have you ever, or are you now, providing any of the services regulated by W.S. 33-38-101 et seq. in the State of Wyoming, without meeting the requirement for licensure or certification, or without meeting an exemption provided in W.S. 33-38-103?	▢ Yes ▢ No
B. Has any jurisdiction or association refused, rejected, dismissed, or denied your application for a license, permit, certificate, registration, or membership in any profession?	▢ Yes ▢ No
C. Have you ever withdrawn an application for professional membership or a license, permit, certificate, or registration in any jurisdiction or association?	▢ Yes ▢ No
D. Has any jurisdiction or association revoked, suspended, refused to renew, conditioned, restricted, imposed a fine or civil penalty, required continuing education, or otherwise disciplined you, your license, permit, certificate, registration, or membership ?	▢ Yes ▢ No
E. Have you voluntarily surrendered a license, certificate, permit, or registration for any reason other than non-renewal?	▢ Yes ▢ No
F. To the best of your knowledge, has a complaint been filed against you in any jurisdiction, professional association, or facility or are you currently under investigation?	▢ Yes ▢ No
G. Have you ever been arrested?	▢ Yes ▢ No
H. Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a misdemeanor, felony, or other criminal offense (other than minor traffic violations) in any court? *If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer.*	▢ Yes ▢ No
I. Have you been diagnosed with or do you have any condition, impairment, or addiction (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder, or condition) that affects your ability to practice in a safe, competent, ethical, and professional manner?	▢ Yes ▢ No
J. Have you been named as a defendant to a civil suit related to your practice or profession (i.e. malpractice, review panel)?	▢ Yes ▢ No

10. Signature

I verify by signing below that the information I have provided the board is accurate and that I have read the rules and regulations promulgated by the Wyoming Mental Health Professions Licensing Board, and W.S. § 33-38-101 through 113. Additional documentation will be provided upon request. Note: Providing false information to the board is a violation of the board's rules and may be subject to enforcement action.

Signature	*Date*

Wyoming Mental Health Professions Licensing Board

Verification of Lawful Presence

Federal Requirement for Licensing Boards to Establish Lawful Presence of Licensees

In August of 1996, the U.S. Congress passed legislation, the Personal Responsibility and Work Opportunity Reconciliation Act, restricting welfare and public benefits for aliens. The intent of the new law is to ensure that articulated public benefits, both state and federal, are granted only to persons who are lawfully present in the U.S.

The law identifies what constitutes a state public benefit for the purposes of this Act. Specifically, 8 U.S.C.A. §1621 (c)(2)(A) describes a state or local public benefit as "any grant, contract, loan, **professional license**, or commercial license **provided by an agency of the State or local government** or by appropriated funds of a State or local government." Therefore, professional licensing boards in Wyoming are required by this federal law to verify the "lawful presence" of persons applying for new licenses or license renewals. This verification of lawful presence need only be accomplished one time for each licensee. A new license applicant will not have to again prove lawful presence at subsequent renewals, nor will a licensee who first shows proof of lawful presence in a renewal application have to show this proof at subsequent renewals.

The U.S. Immigration and Naturalization Service (INS) has developed a list of documentation which is acceptable as proof of lawful presence. This list is included on the reverse side of this form.

Applicant's Name: _____

Address: _____

_____

By signing below, I hereby certify that *(check one item in each category)*:

- ☐ **I am a citizen of the United States**
- ☐ **I am an alien lawfully admitted to the United States under the Immigration and Naturalization Act**

I have attached:

- ☐ **A copy of an acceptable document from List A; or**
- ☐ **Copies of acceptable documents from Lists B and C as verification of my lawful presence in the U.S.**

_____

Signature of Applicant

_____

Date

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired. * Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A **Documents that Establish Both Identity and Employment Authorization**	**OR**	**LIST B** **Documents that Establish Identity**	**AND**	**LIST C** **Documents that Establish Employment Authorization**
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)				
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		
4. Employment Authorization Document that contains a photograph (Form I-766)		**3.** School ID card with a photograph		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
		4. Voter's registration card		
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		6. Military dependent's ID card		
		7. U.S. Coast Guard Merchant Mariner Card		
		8. Native American tribal document		**4.** Native American tribal document
		9. Driver's license issued by a Canadian government authority		**5**. U.S. Citizen ID Card (Form I-197)
				6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		For persons under age 18 who are unable to present a document listed above:		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. Document, not a license C document.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**10.** School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

● Receipt for a replacement of a lost, stolen, or damaged List A document. ● Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual ● Form I-94 with “RE” notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

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Fingerprint Instructions

In accordance with Wyoming Statutes, this Board is required to perform criminal background checks in accordance with W.S. 7-19-106(a)(xxxiii); 7-19-201(a)(xxix).

FAILURE TO FOLLOW THE INSTRUCTIONS BELOW WILL DELAY PROCESSING

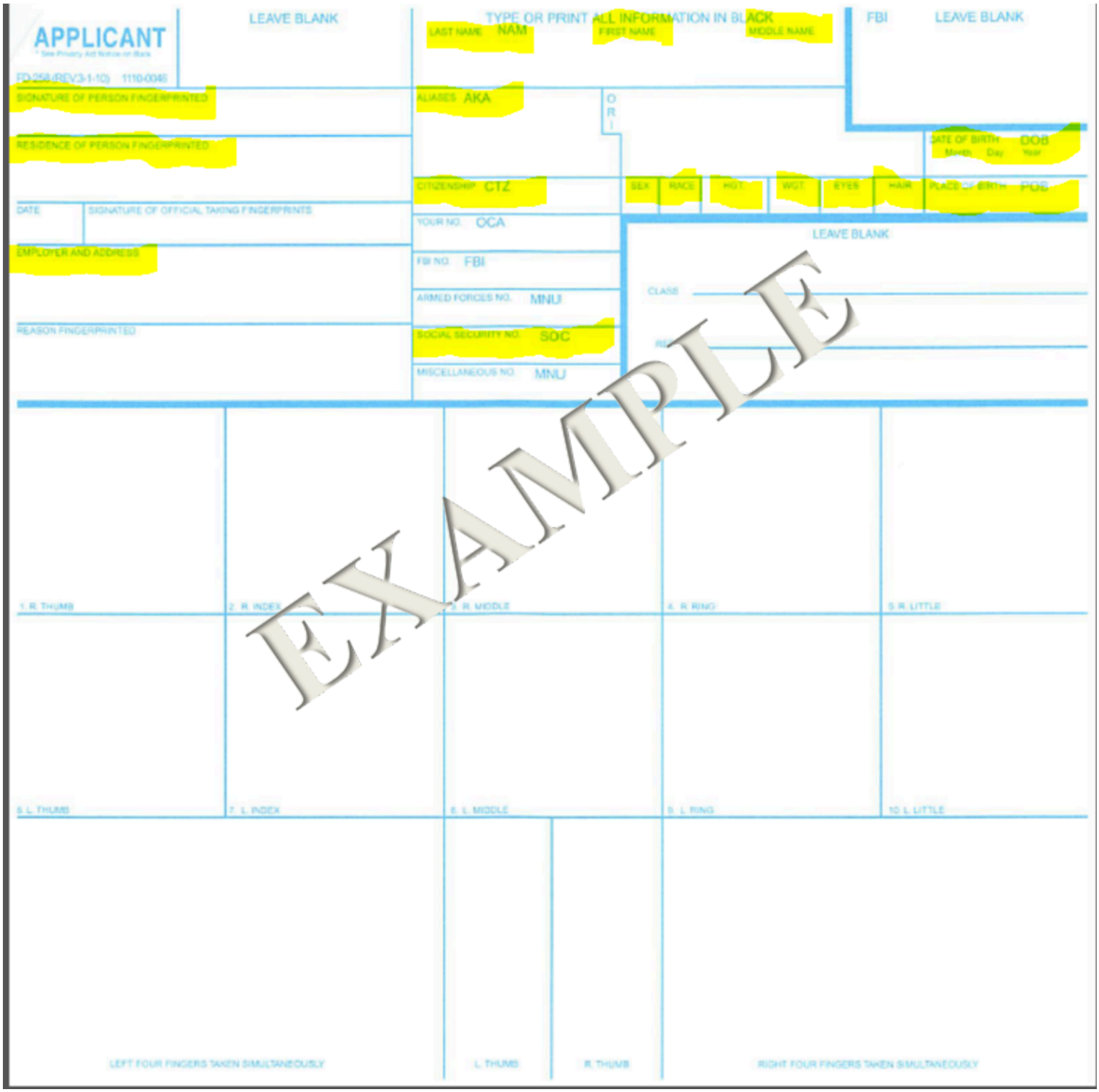
You must complete and submit TWO (2) of the FD-258 fingerprint cards. Both hands on each card. You can obtain the cards by contacting the Board office or your local law enforcement agency.

- Use BLACK INK or SCAN and PRINT onto the FD-258 fingerprint cards.
- Only a law enforcement officer or other authorized person may perform the fingerprint procedure;
- ALL of the yellow highlighted areas in the attached example must be completed by the APPLICANT;
- The official taking the fingerprints must sign the cards;
- Fingerprints must be fully rolled with no smudges. Not fully rolled or smudged prints will be rejected and the applicant will be required to submit new cards;
- DO NOT FOLD the cards;
- The cards must have been completed within the last six (6) months;
- Include the cards with your application packet and mail to:

Wyoming Mental Health Professions Licensing Board
2001 Capitol Avenue, Room 127
Cheyenne, WY 82002

Please contact wyomhplb@wyo.gov with any questions.

Fingerprint card example below:



Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your

application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor

systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this

application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may

be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing,

governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state,

tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI

identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at https://www.fbi.gov/about-us/cjis/background-checks.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. [1] These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- **You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. [2]**
- **You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.**
- **You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).**
- **If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.**
- **If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.**
- **If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)**
- **You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[3]**

1 Written notification includes electronic notification, but excludes oral notification.

2 https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

3 See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Disclosure Statement Requirements:

Everyone must provide the disclosure statement regardless of their work setting. There are no exceptions. The statement must include:

_____ Your name
_____ Your title
_____ Your business address and telephone number
_____ A listing of your formal professional education with the name of the institution(s) attended and specific degree(s) received.
_____ Licensure or certification status
_____ If Provisional or Certified, the Designated Clinical Supervisor's name, phone number and address
_____ Statement of confidentiality

Keep in mind that the purpose of a disclosure statement is for the protection of the client. Therefore, the statement should be written in a manner so that the client clearly understands the professional's obligations and limitations in the area of confidentiality. The following is a summary of W.S. 33-38-113, which supports privileged communication between counselor and client (confidentiality). Please use this as a guide.

The maintenance of confidentiality of all written or verbal communications between client and therapist.

As of March 1, 1999 Wyoming has implemented a privileged communication statute. This law states that, when involved in legal proceedings (civil, criminal or juvenile) clients retain the right to privacy, unless these specific circumstances exist:

a) abuse or harmful neglect of children, the elderly or disabled or incompetent individuals is known or reasonably suspected

b) the validity of a will of a former client is contested

c) information related to counseling is necessary to defend against a malpractice action brought by a client

d) an immediate threat of physical violence against a readily identifiable victim is disclosed to the counselor

e) in the context of civil commitment proceedings, where an immediate threat of self-inflicted harm is disclosed to the counselor

f) the client alleges mental or emotional damages in civil litigation or his/her mental or emotional state becomes an issue in any court proceeding concerning child custody or visitation

g) the patient or client is examined pursuant to a court order

h) in the context of investigations and hearings brought by the client and conducted by the board, where violations of this act are at issue.

_____ The following statement: "Sexual intimacy with a client is never appropriate."
_____ The following statement: "I will adhere to the Code of Ethics of the (pick the appropriate one(s) for your license/certification) National Association of Social Workers; American Counseling Association; American Association for Marriage and Family Therapy; or National Association of Alcoholism and Drug Abuse Counselors."
_____ The following statement: "This disclosure statement is required by the Mental Health Professions Licensing Act."

Recommended additional information:

_____ Areas of specialization
_____ Supervisor's name, phone number and address
_____ Signature block with date for both the therapist and the client
_____ Name, address and phone number of the Board (now located at 2001 Capitol Ave Room 127)

Transcript Evaluation - Professional Counselor Application

Applicants who have completed graduate counselor programs not accredited by CACREP must identify graduate level course work in each of these core areas. At least one (1) course must be identified in each area. A course may not be used to satisfy more than one area.

Name:	**Date:**
Previous Names:	

Education Requirements	**Course(s) Number**	**Course(s) Name**	**Credits**
Practicums, Internships or Field Experience under clinical supervision.			
Human Growth and Development- studies that provide an understanding of the nature and needs of individuals at all developmental levels, including all of the following: (I) Theories of individual and family development and transitions across the life-span; (II) Theories of learning and normal and abnormal personality development; (III) Effects of crises, disasters, and other trauma-causing events on diverse individuals across the lifespan; (IV) Individual, biological, neurological, physiological, systemic, spiritual, and environmental factors that affect human development, functioning, and behavior; (V) A general framework for understanding differing abilities and strategies for differentiated interventions; (VI)Theories and etiology of addictions and addictive behaviors; and (VII)Ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the life span.			
Social and Cultural Diversity- studies that provide an understanding of the cultural context of relationships, issues and trends in a multicultural including all of the following: (I) Research addressing multicultural and pluralistic characteristics within and among diverse groups nationally and internationally; (II) Learning activities to foster student's self understanding of the impact of their heritage, attitudes, beliefs, understandings, and acculturative experiences on their views of others; (III) Theories and models of multicultural counseling, identity development, and social justice and advocacy; (IV) Strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination; (V) Learning activities that foster understandings of the help-seeking behaviors of diverse clients; (VI) Learning activities that foster understanding of the impact of spiritual beliefs on clients' and counselors' worldviews; and (VII) Multicultural competencies and strategies for working with and advocating optimum wellness for diverse populations;			
Helping Relationships- studies that provide an understanding of counseling process in a multicultural society, including all of the following: (I) Theories and models of effective counseling and wellness programs; (II) Counselor characteristics and behaviors that influence the helping process; (III) Essential interviewing, case conceptualization and counseling skills; (IV) A systems approach that provides an understanding of family, social, community, and political networks; (V) Theories, models, and strategies for understanding and practicing consultation; and (VI) Ethical and culturally relevant strategies for developing helping relationships: (VII) Developmentally relevant counseling treatment or intervention plans; (VIII) Development of measurable outcomes for clients; (IX) Empirically-based counseling strategies and techniques for prevention, intervention, and advocacy; (X) Strategies to promote client understanding of and access to a variety of community-based resources; (XI) Suicide prevention models and strategies; (X!!) Crisis intervention and			

psychological first aid strategies; and (XII) Processes for aiding students in developing a personal model of counseling.			
Group Work- studies that provide theoretical foundations of group work and dynamics associated with group process including all of the following: (I) Therapeutic factors and how they contribute to group effectiveness; (II) Characteristics and functions of effective group leaders; (III) Approaches to group formation, including recruiting, screening, and selecting members; (IV) Types of groups and other considerations that affect conducting groups in varied settings; (V) Ethical and culturally relevant strategies for designing and facilitating groups; and (VI) Direct experiences in which students participate as group members in a small group activity, approved by the program, for a minimum of 10 clock hours over the course of one academic term.			
Career Development- studies that provide an understanding of career development and related life factors, including all of the following: (I) Theories and models of career development, counseling, and decision-making; (II) Process for identifying and utilizing career, avocational, educational, occupational and labor market information resources, technology and information systems; (III) Approaches for assessing the conditions of the work environment on clients' overall life experiences; (IV) Strategies for assessing abilities, interests, values, personality, and other factors that contribute to career development; (V) Strategies for career development program planning, organization, implementation, administration, and evaluation; (VI) Strategies for advocating for diverse clients' career and educational development and employment opportunities in a global economy; (VII) Strategies for facilitating client skills development for career, educational, and life-work planning and management; (VIII) Approaches for conceptualizing the interrelationships among and between work, family, and other life roles and factors; (IX) Methods of identifying and utilizing assessment tools and techniques relevant to career planning and decision making; and (X) Ethical and culturally relevant strategies for addressing career development.			
Assessment- studies that provide an understanding of individual and group approaches to assessment and evaluation in a multicultural society, including all of the following: (I) Historical perspectives concerning the nature and meaning of assessment; (II) Basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessment and group and individual assessments; (III) Statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations; (IV) Reliability and validity in the use of assessments; (V) Methods of effectively preparing for and conducting initial assessment meetings; (VI) Procedures for assessing risk of aggression or danger to others, self-inflicted harm or suicide; (VII) Procedures for identifying and reporting abuse: (VIII) Use of assessments for diagnostic and intervention planning purposes; (IX) Use of assessments relevant to academic/educational, career, personal, and social development; (X) Use of environmental assessments and systematic behavioral observations; (XI) Use of symptom checklists, personality and psychological testing; (XII) Use of assessment results to diagnose developmental, behavioral, and mental disorders; and (XIII) Ethical and culturally and developmentally relevant strategies for selecting, administering, and interpreting assessment and test results.			
Research and Program Evaluation- studies that provide an understanding of research methods, statistical analysis, needs assessment, and program evaluation, including all of the following: (I) The importance of research in advancing the counseling profession, including its use to inform evidence based practice; (II) Qualitative, quantitative, and mixed research methods; (III) Statistical methods used in conducting research and program evaluation; (IV) Evaluation of counseling interventions and programs; (V) Development of outcome measures for counseling programs; (VI) Analysis and use of data in counseling; and (VII) Ethical and culturally relevant strategies for conducting, interpreting and reporting the results of research and/or program evaluation studies.			

Professional Counseling Orientation and Ethical Practice- studies that provide an understanding of all of the following aspects of professional functioning: (I) History and philosophy of the counseling profession and the origins of the counseling specialty areas; (II) The multiple professional roles and functions of counselors across specialty areas and their relationships with other human service providers, including interagency and interorganizational collaboration and consultation; (III) Counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams; (IV) Self-care strategies appropriate to the counselor role; (V) Technology's impact on the counseling profession; (VI) Strategies for personal and professional self-evaluation and implications for practice; (VII) Counseling supervision models, practices, and processes; (VII) Professional organizations, including membership benefits, activities, services to members, and current issues; (VIII) Professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues; (IX) The role and process of the professional counselor in advocating on behalf of the profession; (X) Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients; and (XI) Ethical standards of professional organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling.			