

## INSTRUCTIONS FOR COMPLETING THE ARKANSAS COUNSELING (LAC / LPC) LICENSURE APPLICATION PROCESS

### **Application for Counseling License**

Please supply all information requested on the Application for Counseling License form.

- Complete each line and include both your office and residence phone numbers.
- Type in "N/A" if the information requested does not apply to you.
- List all professional work experience and professional training including degrees earned and the relevant dates.
- Include a description of other valid professional licenses or certificates for you hold or have held in the past.
- The Affidavit of Residency, included at the end of the form, must be signed and witnessed by a notary public.

### **Core Curriculum Sheet**

The Core Curriculum Summary refers to graduate course content area requirements every applicant for licensure must satisfy. Before filling out the Summary, please refer to the relevant descriptions of the core content areas (Abstract from pages 25-27 of the Accreditation Procedures Manual of the Council on Accreditation of Counseling and Related Educational Programs [CACREP]).

Utilizing the CACREP descriptions as guidelines, please supply the number and title (as they appear on your official transcript of graduate work completed) of each course you wish to reference in documenting how your professional academic preparation fulfill content area requirements. More than one course may be listed to exhibit coverage of a given area. One three hour course may be used for only one core area requirement.

In some instances, if questions arise, the Board may require a copy of a course description from a graduate catalog or a verification statement from an appropriate university official confirming that the course in question may be cited as fulfilling the area requirement.

### **Effective January 1, 2003**

60 Graduate hours, acceptable to the Board, are required for an application for an Arkansas Counseling License or Marriage and Family Therapist License to be processed. The core curriculum courses mandated January 1, 2005 must be documented by transcript. The additional courses must be counseling in nature and related to the degree approved by the applicant's university program.

### **Statement of Professional Intent**

Please attach to your Application for Counseling License form a type-written or word-processed Statement of Professional Intent on the enclosed form. Your statement should outline briefly the general nature of the work in which you expect to engage as a professional counselor. You must include a succinct summary of the methods, techniques and theoretical approaches you anticipate using and the populations you aspire to serve. If you already hold any recognized credentials for one or more specializations, you should so state and include photocopies of any certificates or licenses so held.

Your Statement of Professional Intent will serve to define to the Board and to the citizens of the state of Arkansas the professional role you intend to assume as a licensed counselor. The document will be held on file and may be subject to scrutiny and review at any in the future, should questions about your professional performance arise.

Your Statement may be revised and updated when you obtain additional credentials or complete training which qualifies you for a recognized specialization. Selected specializations are recognized when other state boards or national professional organizations have issued credentials which meet standards and guidelines acceptable to the board.

### **Letters of Recommendation**

You are required as an applicant to furnish a minimum of three (3) recommendations in support of your licensure application. Two (2) should be supplied by persons who can attest to your professional training and/or competence. At least one (1) should be a non-academic character

reference. Please instruct each person you select to complete the enclosed recommendation form and mail it directly to the Board with original ink signature.

*(Current board members, relatives of the applicant and clients may not submit recommendations. Recent graduates are encouraged to submit at least one recommendation from a counselor educator familiar with the individual's academic performance. Make sure you ask five (5) individuals for recommendations, you need a minimum of three (3).)*

#### **Documentation of Supervised Professional Experience**

Documentation of three (3) or more years of supervised professional experience at the post-master's level is required for eligibility to become a Licensed Professional Counselor. Candidates with fewer than three years of documented post-master's supervised experience may qualify for the status of Licensed Associate Counselor (see below, "Licensure Approval.")

Supervised practice and internships completed to satisfy part of the requirements for a master's degree may not be included. However, advanced preparation (post-master's course work) in counseling may contribute to the minimum number of years of supervised professional experience: thirty (30) credit hours of counseling-related courses may be substituted for one year of supervised experience, up to a maximum of two year's credit. Appropriate individual graduate courses may be credited on a pro-rated basis.

#### **Submission of Application materials**

Application materials, as described above, should be submitted for Board consideration as a single package, at one time, and must include:

- (1) Application for Counseling License;
- (2) Core Curriculum Sheet;
- (3) Statement of Professional Intent;
- (4) C.2.h Incapacitation Plan

Your application will not be considered complete until all necessary supporting documents, including the three (3) recommendations and official transcripts, have been received. In addition, you are required to have an official copy of your graduate transcript(s) indicating degree conferred sent directly from the institution(s) you have attended. Transcripts must be sent directly by the college or university where the course work was completed; photocopies or fax copies of these documents supplied by an applicant are not acceptable. Documentation of Supervised Professional Experience sent directly from that State Board to our office.

Please do not submit transcripts and recommendations until your application has been mailed to the Board.

An application fee of \$200.00 must be tendered with the application materials (effective 2/1/97). Your check should be payable to Arkansas Board of Examiners in Counseling. Applicants are strongly encouraged to retain copies of all documents submitted.

Upon receipt of the application documents and fee described above, together with the supporting letters of recommendation and transcript records, the Board will review the materials supplied, usually at the next scheduled meeting subsequent to the receipt of an application.

Anyone enrolled for his/ her final term must provide a letter from an academic advisor, coordinator, or department chair attesting that all degree requirements will be met by the end of the current term of enrollment. The letter should list all courses currently being completed.

### **The Written Examination**

The written examination is administered the first week of each month by Computer. The Examination Registration must be submitted to NBCC prior to the exam deadline. The candidate is responsible for applying for the NCE Examination and for having the results sent directly to the Arkansas Board of Examiners in Counseling office prior to the Oral Examination. Registration Form is found on the web: [www.state.ar.us/abec](http://www.state.ar.us/abec)

The examination covers essential elements of the common core areas as described for the Core Curriculum Sheet. A study guide to the examination is available directly from the National Board for Certified Counselors (NBCC). The order form is found on the link to NBCC: [www.state.ar.us/abec](http://www.state.ar.us/abec)

### **Oral Examination**

The oral examination is usually scheduled for the first Board meeting subsequent to the applicant's having achieved a passing score on the most recent written examination and approval of the applicant's materials. Applicants will be notified of the time and place for the oral examination. Applicants do not schedule the oral exam date.

### **Criminal Background Check**

See Rules/Regulations for instructions on completing the requirement. (ACT 1317 of 1997)  
Found web: [www.state.ar.us/abec](http://www.state.ar.us/abec)

### **Licensure Approval**

Licensure is granted upon successful completion of the oral examination. The status of "Licensed Associate Counselor" may be conferred upon an applicant with less than three years of advanced-level supervised experience if all other requirements have been met.

Prior to issue of the license, the applicant will be supplied with a list of Board-approved supervisors and a supervision agreement form. The applicant must obtain:

- (1) Board approval of a supervision agreement with a Board-approved supervisor;
- (2) mail the signed supervision agreement to the Arkansas Board of Examiners in Counseling  
(Fax copies will not be accepted);
- (3) and pay the licensing fee.

The biennial licensure renewal notice and licensure fee will be mailed to you the first of the year. All license renewals are based on the fiscal year: July 1 – June 30 each two years.

**ALL FORMS AND SUPPORTING CREDENTIALS SHOULD BE SUBMITTED TO:**

**Arkansas Board of Examiners in Counseling**

**101 East Capitol, Suite 104**

**Little Rock, Arkansas 72201**

**Office: 501-683-5800**

**Fax: 501-683-6349**

**REQUIREMENT TO KEEP CURRENT ADDRESSES ON FILE RULE Section 8.3 (d)**

**All persons holding a license issued by this Board are required to provide the Board with information so that the Board can remain in contact and provide notice of complaints and/or hearings. The licensee holder is required to provide written notice to the Board of any change in business and/or residence within ten (10) working days of the change. Service of notices of hearing sent by mail will be addressed to the latest address on file with the Board.**

Application for Licensure

All application materials must be in the Arkansas Board of Examiners office one (1) month prior to the registration deadline date given for the NCE or AMFT exams.

Applicants must be a citizen of the United States or have a current 'green card' issued by the U.S. Immigration Bureau documenting legal alien work status in the United States.

Have you previously applied with this Board?      Yes      No

Check the credential you are applying for:

☐ Licensed Associate Counselor

☐ Licensed Associate Marriage & Family Therapist

☐ Licensed Professional Counselor

☐ Licensed Marriage & Family Therapist

(An application fee of \$200.00 must accompany the submission of this completed form.)

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birthplace: \_\_\_\_\_  
(City) (County) (State) (Country)

United States Citizen: \_\_\_\_\_ (Yes) \_\_\_\_\_ (No): Attach US Immigration documentation to verify legal alien work status.

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

Current Residential Address: \_\_\_\_\_ PO Box \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_

Residential Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Office: \_\_\_\_\_

Name(s) on transcripts if different than above: \_\_\_\_\_

2. Work Experience: (cite most recent employment first)

3. Professional Training: (cite most recent first)

4. Are you applying for a Specialty designation?      Yes      No

If yes, please name the specialty: \_\_\_\_\_

5. Do you possess a professional license(s) or certificate(s) issued by another State?      Yes      No

6. If answer is yes, give license or certificate number(s), title(s), and states issuing license(s) or certificate(s): \_\_\_\_\_

7. Have you ever been denied a license and / or certification?      Yes      No

Briefly state the reason for denial: \_\_\_\_\_

8. Have you ever had a license cancelled, suspended or revoked? Yes No

If yes, state the reason: \_\_\_\_\_

9. Have you ever been convicted of a felony? Yes No

If yes, provide the following information: When? \_\_\_\_\_ Where? \_\_\_\_\_

Felony charge: \_\_\_\_\_

10. Current employment Information:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Setting: \_\_\_\_\_

(Agency, Govt., School, Non-profit, Private Practice, etc.)

Supervisor: \_\_\_\_\_

Secondary employment:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Setting: \_\_\_\_\_

(Agency, Govt., School, Non-profit, Private Practice, etc.)

Supervisor: \_\_\_\_\_

Please Read Carefully

In making this application to the Arkansas Board of Examiners in Counseling for the issuance of a license, I agree to abide by the rules and regulations of the Arkansas Board of Examiners in Counseling and to take all examinations necessary to the processing of my application. Upon issuance of a license, I agree to be bound by the Code of Ethics of the American Counseling Association &/or the American Association of Marriage & Family Therapy. I understand that I am bound by both codes if I hold both licenses. I further agree that the fee submitted with this application is non-refundable.

1. I agree to hold the Arkansas Board of Examiners in Counseling, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the Board to issue me a license.

2. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.

3. I further agree that if issued a license, upon the revocation, suspension or cancellation of that license, I shall return the said license to the Board.

4. I have read Act 593, Act 244 amendment, and the Rules and Regulations of the Board and am familiar with the requirements of the Acts and with the Rules and Regulations of the Board.

The information which I have provided in this application is truthful. I understand that giving the Board false information of any kind may result in the voiding of this application and my failing to be granted a licensure.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Application packet is valid for one year from this date)



Board policy requires that each applicant attach a color passport-sized photograph taken within the past 12 months. Photograph must be TAPED prior to Notary signature.

TAPE a Passport-sized color photo in the space above.

Verification of Application

State of Arkansas

County of: \_\_\_\_\_

I, \_\_\_\_\_, Applicant for  
licensure,

State upon oath that the statements contained in the above and foregoing application are true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Seal:

Applicant Total Legal Name \_\_\_\_\_

**LAC or LPC  
Required Course Summary For  
Application**

**"B" Grade or Above Required In Each of the Required 60 Semester Graduate Hours  
Brick Mortar and Distance Learning Course Work Accepted If Courses Meet the Adopted Standards  
Course Equivalents: 3 Semester Credits or 4 Quarter Credits or 45 Didactic Contact Hours (Lecture  
Hours)**

**Board Adopted Course Descriptions Follow This Two Page Form That Must Be Completed And Enclosed  
With Your Application. Do Not Send The Course Descriptions That Follow. They Are Provided For  
Your Information**

Online

**PROFESSIONAL IDENTITY (3 hour minimum)**

Course #	Course Title	Institution	Traditional Class	Online Course
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**SOCIAL AND CULTURAL DIVERSITY (3 hour minimum)**

Course #	Course Title	Institution	Traditional Class	Online Course
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**HUMAN GROWTH AND DEVELOPMENT (3 hour minimum)**

Course #	Course Title	Institution	Traditional Class	Online Course
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**CAREER DEVELOPMENT (3 hour minimum)**

Course #	Course Title	Institution	Traditional Class	Online Course
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**HELPING RELATIONS (3 hour minimum)**

Course #	Course Title	Institution	Traditional Class	Online Course
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Course #	Course Title	Institution	Traditional Class	Online Course
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Approved: \_\_\_\_\_ Denied: \_\_\_\_\_  
Signature Signature

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**INFORMATION ONLY DO NOT INCLUDE WITH APPLICATION**

Review the descriptions to select courses from your transcripts to complete the required 2 page form you must complete and mail with your application

**COURSE DESCRIPTIONS ADOPTED FROM THE**

2001 Standards

Council for Accreditation of Counseling and Related Education Programs (CACREP)

5999 Stevenson Avenue, AACD Building, Alexandria, VA 22304

Phone: (703)829-9088, ext. 301; Fax: (703)823-0252

E-Mail: [CACREP@aol.com](mailto:CACREP@aol.com)

**Required Core Curriculum Course Descriptions for LAC or LPC  
Application**

"B" Grade above required in each of the required 60 semester graduate hours

Brick Mortar and Distance Learning Course Work Accepted if Courses Meet the Adopted Standards  
Course equivalents: 3 semester credits or 4 quarter credits or 45 didactic contact hours (lecture hours)

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**PROFESSIONAL IDENTITY (3 hour minimum)**

Studies that provide an understanding of all of the following aspects of professional functioning: a.) history and philosophy of the counseling profession, including significant factors and events; b.) professional roles, functions, and relationships with other human service providers; c.) technological competence and computer literacy; d.) professional organizations, primarily ACA, its divisions, branches, and affiliates, including membership benefits, activities, services to members, and current emphases; e.) professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues; f.) public and private policy processes, including the role of the professional counselor in advocating on behalf of the profession; g.) advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients; and h.) ethical standards of ACA and related entities, and applications of ethical and legal considerations in professional counseling. Page 60, CACREP STANDARD, 2001

**SOCIAL AND CULTURAL DIVERSITY (3 hour minimum)**

Studies that provide an understanding of the cultural context of relationships, issues, and trends in a multicultural and diverse society related to such factors as culture, ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, education, family values, religious and spiritual values, socioeconomic status and unique characteristics of individual, couples, families, ethnic groups, and communities including all of the following: a) multicultural and pluralistic trends, including characteristics and concerns between and within diverse groups nationally and internationally; b) attitudes, beliefs, understandings, and acculturative experiences, including specific experiential learning activities; c) individual, couple, family, group, and community strategies for working with diverse populations and ethnic groups; d.) counselors' roles in social justice, advocacy and conflict resolution, cultural self awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, or body; e) theories of multicultural counseling, theories of identity development, and multicultural competencies; and f.) Ethical and legal considerations. Page 61, CACREP STANDARD, 2001

### HUMAN GROWTH AND DEVELOPMENT (3 hour minimum)

Studies that provide an understanding of the nature and needs of individuals at all developmental levels, including all of the following; a.) Theories of individual and family development and transitions across the life span; b.) Theories of learning and personality development; c.) Human behavior, including an understanding of developmental crises, disability, exceptional behavior, addictive behavior, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior; d.) Strategies for facilitating optimum development over the life span; and e.) Ethical and legal considerations. Page 61-62, CACREP STANDARDS, 2001

### CAREER DEVELOPMENT (3 hour minimum)

Studies that provide an understanding of career development and related life factors, including all of the following; a.) career development theories and decision making models; b.) career, avocational, educational, occupational and labor market information resources, visual and print media, computer-based career information systems, and other electronic career information systems; c.) career development program planning, organization, implementation, administration, and evaluation; d.) interrelationships among and between work, family, and other life roles and factors including the role of diversity and gender in career development; e.) career and educational planning, placement, follow-up, and evaluation; f.) assessment instruments and techniques that are relevant to career planning and decision making; g.) technology-based career development applications and strategies, including computer-assisted career guidance and information systems and appropriate world wide web sites; h.) career counseling processes, techniques, and resources, including those applicable to specific populations; and i.) ethical and legal considerations. Page 62, CACREP STANDARDS, 2001

### HELPING RELATIONS (3 hour minimum)

Studies that provide an understanding of counseling and consultation process, including all of the following: a.) counselor and consultant characteristics and behaviors that influence helping processes including age, gender, and ethnic differences, verbal and nonverbal behaviors and personal characteristics, orientations, and skills; b.) an understanding of essential interviewing and counseling skills so that the student is able to develop a therapeutic relationship, establish appropriate counseling goals, design intervention strategies, evaluate client outcome, and successfully terminate the counselor-client relationship. Studies will also facilitate student self-awareness so that the counselor-client relationship is therapeutic and the counselor maintains appropriate professional boundaries; c.) Counseling theories that provide the student with a consistent model (s) to conceptualize client presentation and select appropriate counseling interventions. Student experiences should include an examination of the historical development of counseling theories, an exploration of affective, behavior, and cognitive theories, and an opportunity to apply the theoretical material to case studies. Students will also be exposed to models of counseling that are consistent with current professional research and practice in the field so that they can begin to develop a personal model of counseling; d.) a systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions. Students will be exposed to a rationale for selecting family and systems theories and major models of family and related interventions. Students will be exposed to a rationale for selecting family and systems theories as appropriate modalities for family assessment and counseling; e.) a general framework for understanding and practicing consultation. Student experiences should include an examination of the historical development of consultation, an exploration of the stages of consultation and the major models of consultation, and an opportunity to apply the theoretical material to case presentations. Students will begin to develop a personal model of consultation; f.) Integration of technological strategies and applications within counseling and consultation processes; and g.) Ethical and legal considerations. Page 62-63, CACREP STANDARD, 2001

### **GROUP WORK (3 hour minimum)**

Studies that provide both theoretical and experiential understandings of group purpose, development, dynamics, counseling theories, group counseling methods and skills, and other group approaches, including all of the following: a.) principles of group dynamics including group process components, developmental stage theories, group members' roles and behaviors, and therapeutic factors of group work; b.) group leadership styles and approaches, including characteristics of various types of group leaders and leadership styles; c.) theories of group counseling, including commonalities, distinguishing characteristics, and pertinent research and literature; d.) group counseling methods, including group counselor orientations and behaviors, appropriate selection criteria and methods, and , methods of evaluation of effectiveness; e.) approaches used for other types of group work, including task groups, psychoeducational groups, and therapy groups; f.) professional preparation standards for group leaders; and g.) ethical and legal considerations. Page 63-64, CACREP STANDARD, 2001

### **ASSESSMENT (3 hour minimum)**

Studies that provide an understanding of individual and group approaches to assessment and evaluation, including all of the following: a.) historical perspectives concerning the nature and meaning of assessment; b.) basic concepts of standardized and non standardized testing and other assessment techniques including norm-referenced and criterion-referenced assessment, environmental assessment, performance assessment, individual and group test and inventory methods, behavioral observations and computer-managed and computer-assisted methods; c.) statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations; d.) reliability (i.e., theory of measurement error, models of reliability, and the use of reliability information); e.) validity (i.e., evidence of validity, types of validity, and the relationship between reliability and validity); f.) age, gender, sexual orientation, ethnicity, language, disability, culture, spirituality, and other factors related to the assessment and evaluation of individuals, groups, and specific populations; g.) Strategies for selecting, administering, and interpreting assessment and evaluation instruments and techniques in counseling; h.) An understanding of general principles and methods of case conceptualization, assessment, and/or diagnoses of mental and emotional status; and i.) Ethical and legal considerations. Page 64, CACREP STANDARD, 2001

### **RESEARCH AND PROGRAM EVALUATION (3 hour minimum)**

Studies that provide an understanding of research methods, statistical analysis, needs assessment, and program evaluation, including all of the following: a.) the importance of research and opportunities and difficulties in conducting research in the counseling profession; b.) research methods such as qualitative, quantitative, single-case designs, action research, and out-come based research; c.) use of technology and statistical methods in conducting research and program evaluation, assuming basic computer literacy; d.) principles, models, and applications of needs assessment, program evaluation, and use of findings to effect program modifications; e.) use of research to improve counseling effectiveness; and f.) ethical and legal considerations. Page 64-65 CACREP STANDARD, 2001

### **ABNORMAL PSYCHOLOGY/DSM AND /ICD USE/ PSYCHOPATHOLOGY (3 hour minimum)**

A survey of behavior disorders ranging from the mild to severe. The etiology, treatment, and prognosis of the various maladaptive behavior patterns are examined. Students will gain a broad understanding of psychological disorders, dysfunctional behaviors and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans. Course content regarding these disorders will include historical views, current models, the diagnostic classification system (including the current edition of the Diagnostic and Statistical Manual), etiology, assessment and treatment.

### **FAMILY & RELATIONSHIP (3 hour minimum)**

A course to gain an understanding of the historical development of family systems theory and the major contributors of the theory and practice of family therapy, to demonstrate a working knowledge of the major theoretical concepts that are foundational to the field of family therapy. An Examination of systems framework and the influence of family forms on family functioning.

### **PSYCHOPHARMACOLOGY (3 hour minimum)**

The physiological/medical aspects of mental illness and the medications that are used to treat specific common disorders are examined. Content includes basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and identifying effects and side effects of such medications.

### **PRACTICUM AND / OR INTERNSHIPS (9 hour minimum)**

The practicum total a minimum of 100 clock hours including 40 hours of direct service with clients, including experience in individual counseling and group work; weekly interaction with an average of one hour per week of individual and/or triadic supervision which occurs regularly over a minimum of one academic term by a program faculty member or a supervisor working under the supervision of a program, faculty member; an average of 1 ½ hours per week of group supervision that is provided on a regular schedule over the course of the student's practicum by a program faculty member or a supervisor under the supervision of a program faculty member, and evaluation of the student's performance throughout the practicum including a formal evaluation after the student completes the practicum. The Internship/internships requires the minimum of supervised 600 clock hours that is begun after the completion of the practicum (Standard III.G) The internship includes 240 hours of direct service with clients appropriate to the program of study; weekly interaction with an average of one hour per week of individual and/or triadic supervision, throughout the internship, (usually performed by the on-site supervisor); an average of 1 ½ hours per week of group supervision provided on a regular schedule throughout the internship, usually performed by a program faculty member; the opportunity for the student to become familiar with a variety of professional activities in addition to direct service ( record keeping, supervision, information and referral, in-service and staff meetings); the student develops program-appropriate audio and/or videotapes of student's interactions with clients for use in supervision; the opportunity to gain supervised experience in the use of a variety of professional resources such as assessment instruments, technologies, print and non print media, professional literature, and research, and a formal evaluation of the student's performance during the internship by a program faculty member in consultation with the site supervisor. Condensed Pages 66-68, CACREP STANDARD, 2001

#### **Credential Evaluation Services**

International graduate degree(s) must be submitted with an English translation and certification from a credential evaluation service and approved by the Board. These agencies must certify that the foreign degree is equivalent to a United States graduate degree. All costs for this certification are the responsibility of the applicant. For a list of services, please contact the National Association of Credential Evaluation Services, Inc at (414) 289-3400.

## **Instructions for Completing The Arkansas Marriage & Family Therapy License**

Please supply all information requested on the *Application for Marriage & Family License* form.

- Complete each line and include both your office and residence phone numbers.
- Type in "N/A" if the information requested does not apply to you.
- List all professional work experience and professional training, including degrees earned and the relevant dates.
- Include a description of other valid professional licenses or certificates for which you have qualified.
- The *Affidavit of Residency*, included at the end of the form, must be signed and witnessed by a notary public.

## **Core Curriculum Sheet**

The Core Curriculum Summary refers to graduate course content area requirements every applicant for licensure must satisfy. Before filling out the Summary, please refer to the relevant descriptions of the core content areas. (pp. 17-18 of the *American Association for Marriage & Family Therapy [AAMFT]*).

Utilizing the AAMFT descriptions as guidelines, please supply the number and title (as they appear on your official transcript of graduate work completed) of each course you wish to reference in documenting how your professional academic preparation fulfill content area requirements. More than one course may be listed to exhibit coverage of a given area.

In some instances, if questions arise, the Board may require a copy of a course description from a graduate catalog or a verification statement from an appropriate university official confirming that the course in question may be cited as fulfilling the area requirement.



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(Current board members, relatives of the applicant and clients may not submit recommendations, recent graduates are encouraged to submit at least one recommendation from a therapist Educator familiar with the applicant's academic performance.)

### **Documentation of Supervised Professional Experience**

Documentation of three (3) or more years of supervised professional experience at the post-master's level is required for eligibility to become a Licensed Marriage & Family Therapist. Candidates with less than three years of documented post-master's supervised experience may qualify for the status of Licensed Associate Marriage & Family Therapist (see below, "Licensure Approval.")

Supervised practica and internships completed to satisfy part of the requirements for a master's degree may not be included. However, advanced preparation (post-master's course work) in counseling may contribute to the minimum number of years of supervised professional experience: thirty (30) credit hours of counseling-related courses may be substituted for one year of supervised experience, up to a maximum of two year's credit. Appropriate individual graduate courses may be credited on a pro-rated basis.

### **Submission of Application Materials**

Application materials, as described above, should be submitted for Board consideration as a single package, at one time, and must include (1) the Application for Marriage & Family Therapist License; (2) the Core Curriculum Sheet; (3) the Statement of Professional Intent; (4) and Documentation of Supervised Professional Experience.

Your application will not be considered complete until all necessary, supporting documents, including the three (3) recommendations and official transcripts, have been received.

In addition, you are required to have an official copy of your graduate transcript(s) sent directly from the institution(s) you have attended. Transcripts must be sent directly by the college or university where the course work was completed; photocopies or fax copies of these documents supplied by an applicant are *not* acceptable.

**Please do not submit transcripts and recommendations until your application has been mailed to the board.**

An application fee of \$200.00 must be tendered with the application materials (effective 2/1/97). Your check should be payable to Arkansas Board of Examiners in Counseling. Applicants are strongly encouraged to retain copies of all documents submitted.

Upon receipt of the application documents and fee described above, together with the supporting letters of recommendation and transcript records, the Board will review the materials supplied, usually at the next scheduled meeting subsequent to the receipt of an application. If all eligibility requirements have been satisfied, the Board will extend an invitation for you to sit for the next scheduled written examination.

### **The Marriage and Family Therapy Examination**

The examination, electronically administered, covers essential elements of the common core areas as described in the AAMFT Curriculum Guidelines. Information about the examination

fees, dates and times can be found at: <http://www.amftfb.org>

Applicants enrolled in his or her final term must provide a letter from an academic advisor, registrar, or department chair attesting that all degree requirements will be met by the end of the current term of enrollment. The letter should list all courses currently being completed.

### **Oral Examination**

The oral examination is usually scheduled for the first Board meeting subsequent to the applicant's having achieved a passing score on the most recent written examination and completion of all documents in the application packet. Applicants will be notified of the time and place for the oral examination.

### **Criminal Background Check**

See Rules/Regulations for instruction to complete the requirement. (ACT 1317 of 1997)

### **Licensure Approval**

The Marriage & Family Therapist License is granted upon successful completion of the oral examination. The status of "Associate Marriage & Family Therapist" may be conferred upon an applicant with less than three years of advanced-level supervised experience if all other requirements have been met. Prior to receipt of the license, the applicant will be supplied with a list of Board-approved supervisors and a copy of a blank supervision agreement. The applicant must obtain (1) Board approval of a supervision agreement with a Board-approved supervisor, (2) mail the signed supervision agreement to the Arkansas Board of Examiners in Counseling (Fax copies will not be accepted), and (3) pay the initial licensing fee.

The biennial Licensure renewal notice and licensure fee will be mailed to you the first of each year. All license renewals are based on the fiscal year: July 1 through June 30 every two years.

**All Forms And Supporting Credentials Should Be Submitted To:**

**Arkansas Board of Examiners in Counseling**

**101 East Capitol, Suite 104**

**Little Rock, AR 72201**

***The applicant is responsible for keeping the Board informed of any change in address.***

Applicant Total Legal Name \_\_\_\_\_

**LAMT or LMFT Required  
Course Summary for Application**

**"B" Grade or Above Required In Each of the Required 60 Semester Graduate Hours.  
Course Equivalents: 3 Semester Credits or 4 Quarter Credits or 45 Didactic Contact Hours (Lecture Hours)**

**Brick-Mortar (Traditional In-Classroom) and Distance Learning Course Work Accepted If Courses Meet the Adopted Standards**

**Board Adopted Course Descriptions Follow This Two Page Form That Must Be Completed And Enclosed With Your Application. Do Not Enclose The Course Descriptions Provided For Your Information.**

**MARRIAGE AND FAMILY STUDIES (9 Hour Minimum in three graduate courses)**

Course #	Course Title	Institution	Traditional Class	Online Course
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**MARRIAGE AND FAMILY THERAPY (9 hour minimum in three graduate courses)**

Course #	Course Title	Institution	Traditional Class	Online Course
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**HUMAN DEVELOPMENT (9 Hour minimum in three graduate courses)**

Course #	Course Title	Institution	Traditional Class	Online Course
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**ASSESSMENT (3 Hour minimum)**


**PROFESSIONAL ETHICS (3 Hour minimum)**

Course #	Course Title	Institution	Traditional Class	Online Course
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**RESEARCH (3 Hour minimum)**

Course #	Course Title	Institution	Traditional Class	Online Course
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**PSYCHOPHARMACOLOGY (3 Hour minimum)**

Course #	Course Title	Institution	Traditional Class	Online Course
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**PRACTICUM/INTERNSHIPS (9 Hour Practicum/Internships three semesters)**

Course #	Course Title	Institution	Traditional Class	Online Course
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Approved \_\_\_\_\_

Signature

Denied \_\_\_\_\_

Signature

Date \_\_\_\_\_

Date \_\_\_\_\_

**INFORMATION ONLY DO NOT INCLUDE WITH APPLICATION**

Review the descriptions to select courses from your transcripts to complete the required 2 page form you must complete and mail with your application

**Course Descriptions Adopted From  
American Association for Marriage And Family Therapy (AAMFT)**

The AAMFT embraces a family systems perspective of human and family development and of the treatment of both individual and family problems. The following five areas are deemed essential educational training for the practice of marriage and family therapy.

Descriptions adapted from Version 10.2  
Commission on Accreditation for Marriage and Family Therapy Education of the American Association  
for Marriage and Family Therapy  
112 South Alfred Street, Alexandria, VA 22314-3061  
Phone: (703) 838-9808. Fax (703) 838-9805  
Home Page: <https://www.aamft.org>

The requirements above are for the Arkansas Marriage and Family Therapy License only. See AAMFT (American Association for Marriage and Family Therapy Clinical Membership) for national clinical membership requirements (WWW.AAMFT.ORG)

**Required Core Curriculum Course Descriptions for LAMFT or LMFT Application**

**"B" Grade or Above Required In Each of the Required 60 Semester Graduate Hours.  
Brick-Mortar (Traditional In-Classroom) and Distance Learning Courses Accepted If Courses Meet the  
Standards Adopted By the Board**

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The AAMFT embraces a family systems perspective of human and family development and of the treatment of both individual and family problems. The following five areas are deemed essential educational training for the practice of marriage and family therapy.

*Course Equivalents: 3 semester credit or 4 quarter credits or 45 didactic contact hours (lecture hours)*

**MARRIAGE AND FAMILY STUDIES (9 Hour Minimum/3 Courses)**

Courses in this area should present a fundamental introduction to systems theory. Courses should address a wide variety of family structures and a diverse range of contemporary issues, which include but are not limited to gender, violence, addictions, and abuse from a relational/systemic perspective. Examples of courses: systems theory, family development, family subsystems, blended families, gender issues in families, cultural issues in families, family violence, family communications, etc. *Survey or overview courses in which systems is one of several theories covered are not acceptable in this area.. Courses in which systems theory is the major focus and other theories of individual or families are studied in relation to systems theory are appropriate.*

**MARRIAGE AND FAMILY THERAPY (9 hour minimum/3 courses)**

Courses in this area should have a major focus on advanced family systems theories with their therapeutic interventions. This area is intended to provide a substantive understanding of the major theories of systems change and the applied practices evolving from each theoretical orientation. Examples of courses:



strategic therapy, intergenerational family therapy, systemic sex therapy, etc

*Survey, or overview course, in which family therapy is one of several types of theories covered are not acceptable.*

#### HUMAN DEVELOPMENT (9 Hour minimum/3 courses)

Courses in this area should provide knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant coursework in human development across the life span that includes special issues that affect an individual's development (i.e., culture, gender and human sexuality). This material should be integrated with systems concepts. Examples of courses: human development, cross-cultural studies, child/adolescent development, human sexuality, personality theory, etc. *One of these 3 courses must include Psychopathology.*

*Test and measurement courses are not accepted toward this area.*

#### ASSESSMENT (3 Hour minimum)

Courses in this area address the use of formal and informal assessment of individual, relationship, family, and systemic factors including the assessment and treatment of major mental health issues. Individual assessment includes standard individual cognitive, emotional, behavioral, and social instruments.

Assessment of systemic factors includes valid relational, structural, and family functioning instruments.

*NOTE: under Arkansas law, Projective techniques in the assessment of personality are not permitted for Counselors under this license. Act 593 of 1979, 17-27-102, (7)(B) and (8)(B), found in ACA page 273 of 09/03/02.*

#### PROFESSIONAL ETHICS (3 Hour minimum)

Courses in this area are intended to contribute to the professional development of the therapist. Areas of study should include the therapist's legal responsibilities and liabilities, professional ethics as a marriage and family therapist from AAMFT's Code of Ethics, professional socialization, and the role of the professional organization, licensure or certification legislation, independent practice and inter-professional cooperation.

*Religious ethics courses, philosophy or moral theology courses are not accepted toward this area.*

#### RESEARCH (3 Hour minimum)

Courses in this area should assist students in understanding and performing research and include significant material on research in couple and family therapy. Course examples: research methodology, quantitative methods and statistics, qualitative research, etc.

*Individual personality, test and measurement, and library research courses are not accepted toward this area.*

#### PSYCHOPHARMACOLOGY (3 Hour minimum)

The physiological/medical aspects of mental illness and the medications that are used to treat specific common disorders are examined. Content includes basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referral can be made for medication evaluations and identifying effects and side effects of such medications.

**PRACTICUM/INTERNSHIPS (9 Hour Practicum/Internships)** Applicants must complete a minimum 1-year practicum (500 hours of client contact with individuals, couples and families). The direct client contact hours must have been supervised by site supervisors assigned by the university in addition to the university's faculty's supervision.

#### Credential Evaluation Services

International graduate degree(s) must be submitted with an English translation and certificate from a credential evaluation service and approved by the Board. These agencies must certify that the foreign degree is equivalent to a United States graduate degree. All costs for this certification are the responsibility of the applicant. For a list of services, please contact the National Association of Credential evaluation Services, Inc. at (414)289-3400.

## Guidelines to Consider When Preparing YOUR Scope of Practice- Statement of Intent

The Statement of Intent (SI) is the Board approved scope of practice and defines your practice for the dates of your current license. The SI is in effect from the date of your license issue to each renewal. New SI must be submitted with renewal fees.

Clients, insurance companies, and other interested parties should be able to tell by reviewing your statement what services you are offering. Comparable to a brochure advertising your counseling practice, the SI must be kept revised and up-to-date. Your Statement of Intent should reflect the services your academic training, supervised practice and work experiences have qualified you to offer. Pursuing additional training and/or working under supervision allows you to expand your qualifications and your services. Upon completion of additional training or practice changes, send a revised SI for formal Board approval. Until approved, your practice is limited to the approved SI on file. Examples: Job changes, additional training, population changes, use of assessment instruments.

Arkansas Code Annotated 17-27-301 qualifications and Case Note Supreme Court 334 Ark 614, 976 SW 2d 934 (1998) a Licensed Counselor must confine his/her practice to the content of the Statement of Intent.

### *Nature of My Counseling or Therapy Practice*

A fine line exists between making this section too broad or too narrow. Specifying a place of employment will limit your practice to that place. It is best to define the nature of your practice in terms of whether it will be inpatient or outpatient (or both), and/or whether it will be private, clinical, or in another setting such as academic. In this section, you should identify the types of issues, presenting problems, or disorders you are willing and competent to treat. It is often helpful to define these in terms of the major chapters of the Diagnostic and Statistical Manual (DSM 5), for example, anxiety disorders, mood disorders, substance abuse disorders, and so on. You may wish to indicate other issues clients present such as relationship issues, grief and loss, marital issues, parenting problems, and so on. It is important to list all issues you are willing and competent to treat, especially if you intend to claim third party reimbursement for such treatment. Should an insurance company or other third party payer call ABOEC to ask if you are qualified to treat a specific disorder, your Statement of Intent will be the document to which the staff of ABOEC will refer.

### *Theoretical Approaches*

Most Counselors/Therapists find it easy to specify the theoretical approaches they use with the population they specify. Eclectic is too broad. Specify the theories you integrate and explain how they are integrated in your practice and applied to your clients.

### *Methods and Techniques*

Counselors/Therapists often neglect to indicate the specific methods and techniques they use, based on the theories they have specified. Techniques listed should be drawn from the listed theories applied to your clients. Following that list, specify other techniques you use, delineating which ones come from the theories identified under approaches. Third-party-payers and potential clients should be able to tell what you typically "do" in sessions: Sometimes they are looking for a therapist who uses (or does not use) certain approaches and techniques.

### *Populations Served*

You need to document that you have training or experience with the population specified to serve. Statements such as "children, adolescents, and adults" are usually too broad unless the training and experiences clearly support that you have worked with persons of all ages from very young to very old. It may be helpful to specify such as pre-school children, older children, adolescents, young adults, mature adults, the middle aged, and/or geriatric adults.

### Assessment Instruments to be Used and Purpose of Each Use

Specify by name any assessment instrument you intend to administer, interpret and the purpose of such. For example, "Self-Directed Search will be used to explore interests for career counseling" or "the Myers Briggs Type Indicator will be used to identify personal preferences and differences when doing relationship counseling." Your Board file must reflect documentation of graduate course work or Board approved equivalent training for the administration of instruments listed on the Statement of Intent (SI) Note the qualifying statement under Assessments. Projective instruments for personality assessment may not be used under license issued by the Counseling Board.

### **Format**

Statement of Intent (the scope of practice) form will not be accepted by the Board unless each page is numbered, signed, and dated by the person completing the form.

SCOPE OF PRACTICE  
STATEMENT OF PROFESSIONAL INTENT

Licensed Associate Counselor (LAC) \_\_\_\_\_  
Licensed Associate Marriage/Family Therapist (LAMFT) \_\_\_\_\_

Licensed Professional Counselor (LPC) \_\_\_\_\_  
Licensed Marriage and Family Therapist (LMFT) \_\_\_\_\_

Name \_\_\_\_\_

Nature of My Counseling/Psychotherapy Practice (And/Or) Marriage & Family Therapy Practice (check all that apply)

Private Practice \_\_\_\_\_ Agency \_\_\_\_\_ School \_\_\_\_\_ Hospital \_\_\_\_\_ Church \_\_\_\_\_

Supervision \_\_\_\_\_ LACs \_\_\_\_\_ LAMFTs \_\_\_\_\_

Specialty License(s) \_\_\_\_\_

Other \_\_\_\_\_

Disorders, Issues, Presenting Problems I Accept

Disorders listed in the Diagnostic and Statistical Manual (DSM) \_\_\_\_\_ Crises \_\_\_\_\_ Grief \_\_\_\_\_  
Behavioral Issues \_\_\_\_\_ Career concerns \_\_\_\_\_ Relational Issues \_\_\_\_\_  
Family (LAMFT/LMFT only) \_\_\_\_\_ Marital/Premarital (LAMFT/LMFT only) \_\_\_\_\_

Other \_\_\_\_\_

Theoretical Approaches I Use:

Cognitive-Behavioral \_\_\_\_\_ Behavioral \_\_\_\_\_ Narrative/Constructivist \_\_\_\_\_ Reality \_\_\_\_\_ Existential \_\_\_\_\_ Gestalt \_\_\_\_\_  
Structural \_\_\_\_\_ Experiential \_\_\_\_\_ Brief Solution-Focused \_\_\_\_\_ Strategic \_\_\_\_\_ Transgenerational \_\_\_\_\_ Adlerian \_\_\_\_\_  
Person-Centered \_\_\_\_\_ Integrative \_\_\_\_\_

Other \_\_\_\_\_

Methods And Techniques I Use (Complete page two, sign and attach)

Population(s) I Serve  
Children \_\_\_\_\_ Adolescents \_\_\_\_\_ Adults \_\_\_\_\_

Assessment Instruments I Administer and Purpose For Use  
*Projective Techniques are not permitted under this license. [Act 593 of 1979, Sec. 3 (e) 2]*

Psychoeducational Testing \_\_\_\_\_ Objective Personality Testing \_\_\_\_\_ Diagnostic Interviewing \_\_\_\_\_ Career Exploration \_\_\_\_\_

The following require special training and documented supervision: Wechsler \_\_\_\_\_ MMPI \_\_\_\_\_ MCMI \_\_\_\_\_ Stanford/Binet \_\_\_\_\_

Other \_\_\_\_\_

I Have Read, Understood, And Agree To Abide By:

☐ Yes ☐ No: American Counseling Association's Code of Ethics  
☐ Yes ☐ No: Arkansas Code Annotated 17-27-101 ET. Seq., the law that governs the practice of Psychotherapy in Arkansas.  
☐ Yes ☐ No: Rules of the Arkansas Board of Examiners in Counseling.

I understand that my Statement of Intent is my scope of practice and reflects the training documented in my Board file. I will revise my Statement of Intent when I document additional training and/or changes in my scope of practice.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
[LEGIBLE SIGNATURE REQUIRED]

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ VALID \_\_\_\_\_

Cognitive Behavioral (Acceptance & Commitment): Reframing exercises Self-talk Self-analysis/self-evaluation/self-assessment  
Homework therapy Relaxation techniques Muscle relaxation deep breathing Cognitive imagery Guided imagery  
Systematic desensitization Problem-solving skills training Self-monitoring Cognitive restructuring  
Role playing social problem-solving situations Self-reinforcement Self-instruction Modeling Postive incentives  
Behavioral rehearsal Monitoring negative thoughts Restructuring negative or maladaptive thoughts Mindfulness

Person-Centered: Active listening Reflection of feelings Clarification Empathy Unconditional Positive Regard  
Congruence

Adlerian: Gathering life history (genogram, family constellation, early recollections) Therapeutic contracts Homework assignments  
Paradoxical intention Suggestions Confrontation Interpretation Providing encouragement Paraphrasing  
"Aha" experience catching oneself acting "as if"

Gestalt: Reliving/re-experiencing unfinished business Confrontation Staying with feelings Role playing Empty chair  
Creative expression (art, poetry, writing, movement) Psychodrama Putting feelings or thoughts into action  
Body awareness (breathing awareness) Guided imagery focusing on the here and now

Behavior: Reinforcement techniques Relaxation methods Modeling Assertion/social skills training  
Self-management programs Behavioral rehearsal Coaching Contracts Homework assignments

Reality: Evaluation of present behavior Willingness to change Development of specific plan to change  
Awareness of how life would be different Commitment to follow through with plan

Existential: Identification of responsibility avoidance confronting irresponsibility owning of feelings, statements and actions  
Attacking "wish" avoidance Attacking affect avoidance Unblocking decision-making

Transgenerational/Bowenian/Contextual: Boundary making Family sculpting Genogram Family reconstruction  
Therapeutic contract going home assignments Differentiation assignments Family ledger

Structural: Enactments Unbalancing Tracking Assess family structure Assess family rules/roles reframing  
Draw-A-Person Kinetic Family Drawings Family play

Strategic: Assess hierarchy/power Circular questioning Miracle question Scaling questions Exception questions  
"As-if" assignments Homework assignments "Go slow" messages

Experiential: Positive connotations Paradoxical interventions Rituals Ordeal assignments prescribing the symptom  
Behavioral parent training Restraining techniques identifying self-defeating patterns Invariant prescription  
2nd order changes Family Sculpting Family drawings Hypnosis/trance Here-and-now techniques  
There-and-then techniques

Narrative: Questioning (opening space, meaning, future) Deconstruction Co-construction Re-storying Externalizing  
Mapping influence of problem Find Exceptions to Problem Therapist's letter-writing internalized Other Interview  
Preferred view of self/from others

Integrative Family Therapy: Language of parts Internal conversations Micro/Macro lenses Solution focus

Other: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(LEGIBLE SIGNATURE REQUIRED)

Print Name: \_\_\_\_\_

**LETTER OF RECOMMENDATION**  
**TO**  
**Arkansas Board of Examiners in Counseling**

*The applicant must complete items 1-3. Item 4 is optional.*

1. Applicant's Name: \_\_\_\_\_

2. Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_

3. Proposed Area(s) of Counseling Practice: \_\_\_\_\_  
\_\_\_\_\_

4. I waive the right by the Family Education Rights and Privacy Act of 1974  
(Buckley Amendment) to view this letter of recommendation on file with Board.

Signature: \_\_\_\_\_

*Forward this form to an individual well acquainted with your education and  
counseling.*

To Writer of Letter of Recommendation:

Length of time you have know applicant: Dates from: \_\_\_\_\_ to \_\_\_\_\_

Please rate the applicant in the following categories:

No Opinion 1=Poor 2=Fair 3=Good 4=Very Good 5=Excellent

Professional Ethics: \_\_\_\_\_  
\_\_\_\_\_

Professional Knowledge: \_\_\_\_\_  
\_\_\_\_\_

Personal Character: \_\_\_\_\_  
\_\_\_\_\_

Professional Training: \_\_\_\_\_  
\_\_\_\_\_

Counseling Skill Application: \_\_\_\_\_  
\_\_\_\_\_

[illegible]

Institution Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Do you hold a license or certificate to practice as a:**

• Other (Specify) \_\_\_\_\_ • N/A \_\_\_\_\_

*Return this form directly to:  
Arkansas Board of Examiners in Counseling  
101 East Capitol, Suite 104  
Little Rock, AR 72201*

Arkansas Board of Examiners in Counseling  
101 East Capitol, Suite 104  
Little Rock, AR 72201

Reference: Incapacitation or Termination of Practice Plan (C.2.h Plan) as per ACA Code of Ethics C.2.h must be kept current.

The Incapacitation or Termination of Practice (C.2.h) plan is paragraph stating should you become incapacitated or terminated from your place of employment that your files/clients would be transferred to another counselor by a supervisor or the person in charge of records or person you designate as responsible party.

If employed by an agency:

The Incapacitation or Termination of Practice (C.2.h) plan must be on current agency letterhead with address and phone numbers and be signed and dated by yourself and by the person designated as the responsible party should you become incapacitated. Plan should include information as to who will be the responsible party, their address and phone number, how and where records will be secured and how clients will be transitioned.

Attach a copy of agency policy your C2.h plan, if agency has plan in place.

If in private practice:

The Incapacitation or Termination of Practice (C.2.h) plan must be on your current private counseling letterhead with address and phone numbers and be signed and dated by yourself and by the person designated as the responsible party should you become incapacitated. The plan should include information as to who will be the responsible party, their address and phone number, how and where records will be secured and how clients will be transitioned.

Plan should always be current and reflect your current place of employment.

Signatures must be full legal name and legible.



## List of License Types

Licensed Associate Counselor (LAC)

Licensed Associate Marriage & Family Therapist (LAMFT)

Licensed Professional Counselor (LPC)

Licensed Marriage & Family Therapist (LMFT)

Dual Licensure (LAC / LAMFT)

Dual Licensure (LPC / LMFT)

Specialization License(s)

Renewal of License

## FEE SCHEDULE

### Expense Fees:

*Application Packet (directly from Board Office)	\$20.00+5.00 SH
*Application Packet from web	No Charge
*Application Fee (Separate charge from Packet)	\$200.00
Background Check fees: AR State Police	\$14.75 & \$25.00 made out the AR State Police

One application fee if applying for LAC/LPC, LAMFT/LMFT and Specialization License at the same time.

### Examination Fees:

NCE Examination	NBCC determines this; register online
NCMHCE Examination	NBCC determines this; register online
AMFTRB Examination	AMFTRB determines this; register online

### Office Fees:

File Copy Charge (allow three weeks)	\$30.00+5.00 SH
Per Sheet Copy Charge (\$5.00 minimum)	.50+2.00 SH
LLC/PLLC (Corporate) Certificate	\$25.00
Corporate annual renewal	\$10.00
Replacement Identification Card	\$ 5.00
Replacement License	\$25.00
Application File Maintenance-Fee for each application	\$50.00
Extension beyond first 12 months	
Verification of License Fee (on 'their' State Board form)	\$0

### License Renewal Fees:

Initial licensing fee is prorated based on the biennial fee, according to the number of months licensed, one time only, beginning July 1 of the fiscal year of license issue.

Biennial license renewal-Associates (LAC/LAMFT)	\$250.00
Biennial license renewal-Professionals (LPC/LMFT)	\$300.00
Late renewal fee July 1 to December 1	\$100.00
Late renewal fee December 2 to June 30	\$200.00
Change from LAC to LPC or LAMFT to LMFT option	\$100.00
Specialization License Application Fee	\$50.00
Specialization Application fee (one time fee, renewal based on generic license renewal)	
Returned Check Charge	\$50.00