



# New Mexico Regulation and Licensing Department

## BOARDS AND COMMISSIONS DIVISION

### Counseling and Therapy Practice Board

PO Box 25101 Santa Fe, New Mexico 87504

(505) 476-4622 • Fax (505) 476-4545 • www.rld.state.nm.us

#### **APPLICATION INSTRUCTIONS FOR PROFESSIONAL CLINICAL MENTAL HEALTH COUNSELOR (LPCC) NMAC 16.27.4.9**

1. Read the entire application before you begin to answer any questions, so you will understand exactly what information is being requested.
2. All questions must be answered. The burden of proof in satisfying the Board that you are eligible for licensure is upon you.
3. Type or print your responses in **Black Ink**.
4. Your application fee of \$75.00 must accompany your application. Your check or money order should be made payable to the "Counseling and Therapy Practice Board". **FEES ARE NON-REFUNDABLE.**
5. You must contact all colleges or universities you have attended contributing to the required Master's Degree. Your official transcripts must be sent in a **sealed envelope**, to be submitted with your application to the Counseling and Therapy Practice Board.
6. The supervisor must complete Attachment B, placed in a sealed envelope for you to submit with your application, or mailed directly to the Board Office on your behalf.

**APPLICANTS WITH A RELATED FIELD DEGREE MUST MEET THE CORE CURRICULUM. REFER TO NMAC 16.27.2 FOR THE CORE CURRICULUM REQUIREMENTS.**

To assist you in completing your applications please use the enclosed check-off list:

#### **Licensure by Requirements 16.27.4.11:**

1. Complete the Application;
2. Application fee \$75.00 (NON-REFUNDABLE);
3. Current Color Photo; 2x2 in. (Passport Quality, NO PAPER COPIES);
4. Answer all questions to the best of your knowledge (if you answer yes to any questions, please give details on a separate sheet of paper include a certified copy of final judgment papers);
5. Application must be signed, dated, and notarized;
6. Attachment B from supervisor (placed in sealed envelope), submit with your application; and
7. Official sealed college or university transcripts, submitted with your application.

#### **LICENSURE FOR MILITARY SERVICE MEMBERS, SPOUSES AND VETERANS 16.27.24.8**

1. A completed application and corresponding fee pursuant to 16.27.17.9 NMAC;
2. Satisfactory evidence that the applicant is currently licensed in another jurisdiction, including a branch of the United States armed forces, and holds a current license in good standing; the applicant further must provide satisfactory evidence that the applicant has met the minimal licensing requirements in that jurisdiction and that they are substantially equivalent to the licensing requirements for New Mexico licensees in counseling and therapy practice; and
3. Proof of honorable discharge (DD214) or military ID card or accepted proof of military spouse status.

New Mexico Counseling and Therapy Practice Board Application

**APPLICATION FOR LICENSED CLINICAL MENTAL HEALTH COUNSELOR (LPCC)- \$75.00 Application Fee (non-refundable)**

APPLICATION BY REQUIREMENTS

APPLICATION BY MILITARY SERVICE MEMBERS, SPOUSES and VETERANS

**Application Information: All Information is Required**

Name (Last, First, Middle):	
Mailing Address:	
City/State/Zip:	
Contact Phone #:	
Email: <i>All communications (including renewal notices) will be sent to your email address</i>	
Date of Birth:	Individual Taxpayer Identification Number:
Other Names Used (If applicable):	

**All licensing information provided herein is public, pursuant to the New Mexico Inspection of Public Records Act.**

**Examinations:**

Have you taken and passed the National Clinical Mental Health Counseling Examination (NCMHCE)? Yes  No

**If you answered 'Yes' you must request NBCC send your scores directly to New Mexico Counseling and Therapy Practices Board Office.**

**Professional Education:**

**Official Transcripts must be sent directly by the accredited institution to the New Mexico Counseling and Therapy Practice Board Office.**

**Name of Institution                      Major Field of study                      Degree and Date Awarded**

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**Office Use Only**

Receipt# \_\_\_\_\_ Deposit Date \_\_\_\_\_ Fee Amount \_\_\_\_\_ CK/MO \_\_\_\_\_

## New Mexico Counseling and Therapy Practice Board Application

### DISCIPLINARY/LEGAL ISSUES

Read the following carefully, check all appropriate boxes: **Yes answers require an explanation and a copy of the final judgment paper.**

1. Have you ever used another name under which records relating to your application, education, training or experience may be filed?

Yes  No If yes, please enter names(s) used \_\_\_\_\_

2. Have you ever received a deferred prosecution or judgment or been convicted of, or pled guilty or nolo contendere to a felony or misdemeanor (not including traffic violations) in any state, territory or district of the United States or a foreign country?

Yes  No

3. Has any disciplinary action ever been started against you as result of your counseling or therapy services or any license you hold or have held to practice counseling or therapy? (Note: disciplinary action includes but is not limited to suspension, probation, practice limitations, reprimand, letter admonition, censure, and any allegations currently pending.)

Yes  No

4. Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such a claim yourself?

Yes  No

5. Have you ever voluntarily surrendered a license or certification to practice counseling, therapy or any other health related profession in any state, foreign country, territory, or institution?

Yes  No

6. Do you have any personal or legal problems with alcohol or drugs that in any way affect your ability to be a counselor or therapist?

Yes  No

7. Have you ever pled guilty or nolo contendere to or been convicted, of driving under the influence of driving while intoxicated?

Yes  No

8. Have you ever been denied a license or permission to take an examination to practice counseling or therapy in any state, foreign country or territory?

Yes  No

9. Do you have any mental illness that affects your ability to be a counselor or therapist?

Yes  No

## New Mexico Counseling and Therapy Practice Board Application

10. Have you ever had any malpractice claims made against your license in New Mexico or any other state, foreign country or territory?

\_\_\_\_ Yes \_\_\_\_ No

11. Have you had any judgments, or entered into any settlements, in regards to malpractice claims made against you in New Mexico or any other state, foreign country or territory?

\_\_\_\_ Yes \_\_\_\_ No

12. Do you now have any pending lawsuits or claims in regarding to counseling or therapy services in any capacity?

\_\_\_\_ Yes \_\_\_\_ No

### AFFIDAVIT AND NOTARIZATION

The undersigned, being duly sworn, upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect. By executing this application, the undersigned also acknowledges that he/she has read the Code of Ethics for Counseling and, if issued a license, agrees to conform with and support the Code of Professional Ethics, Rules and Regulations of the New Mexico Counseling and Therapy Practice Board, and the Professional Counseling and Therapy Act. **I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME on this \_\_\_\_\_ day of this \_\_\_\_\_ month, 20\_\_\_\_\_ personally appeared the above named applicant who, being by me duly sworn upon oath, states that all statements and answers contained in this application are true and correct.

\_\_\_\_\_  
Notary Public

SEAL

\_\_\_\_\_  
My Commission Expires:

New Mexico Counseling and Therapy Practice Board Application

**REQUEST FOR SPECIAL EXAMINATION ACCOMODATIONS**

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the documentation of disability related needs on the reverse side so your examination accommodation can be processed efficiently. The information you provide and any documentation regarding your disability and your need for examination accommodation will be treated with strict confidentiality.

**(This section is for board office use only)**

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Name of applicant: First Name M.I. Last Name

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Applicant Mailing Address

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Individual Taxpayer Identification Number

**SPECIAL ACCOMMODATIONS**

**I REQUEST SPECIAL ACCOMMODATIONS FOR THE \_\_\_\_\_ EXAMINATION.**

**Please provide the board office as to what specific accommodations you are requesting and attach an official letter from your doctor.**

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**Signature**

**Date**