State of Utah

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Telephone (801) 530-6628
www.dopl.utah.gov

☒ ASSOCIATE PROFESSIONAL COUNSELOR or ☒ ASSOCIATE PROFESSIONAL COUNSELOR EXTERN

(Note: Microsoft Word users can fill in the blanks, print the form and save it for their records)

Please list your full legal name as it appears on your driver's license, Social Security Card, etc.		
Last Name:	First Name:	Middle Name:
Social Security Number: - -	Maiden Name:	

I certify under penalty of perjury that:

- ☐ I am a citizen of the United States.
- ☐ I am a qualified alien as defined in 8 U.S.C., Sec 1641 who is lawfully present in the United States. I understand that I am required to visit DOPL's offices and present a government issued ID bearing my photo and evidence of one, or both of the following:
  Alien ID Number I-94 Number
- ☐ I have a valid Driver License or State Issued ID State: Number:
- ☐ I do not have a Driver License. I am legally present in the United States, and I understand that the Department of Commerce will verify my legal presence in order to process my application.

Mailing Address:	City:	State:	ZIP:

☐ Male ☐ Female	Date of Birth:	Phone #:	E-Mail:

List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. *(Use additional sheets if necessary.)*

Profession:	Issuing State:	
License Number:	License Status:	Issue Date:
Profession:	Issuing State:	
License Number:	License Status:	Issue Date:
Profession:	Issuing State:	
License Number:	License Status:	Issue Date:
Profession:	Issuing State:	
License Number:	License Status:	Issue Date:

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: ___/___/____

Approved By: _____

Date License/Certificate Denied: ___/___/____

Denied By: _____

Reason for Denial/Other Comments: _____

AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify under penalty of perjury that I am a United States citizen or a qualified alien who is lawfully able to work in the United States.
2. I certify that i have read and understand all statutes and rules pertaining to my practice as an Associate Professional Counselor or Associate Professional Counselor Extern in Utah, and I agree to comply with such.
3. I certify that am qualified in all respects for the license for which I am applying in this application.
4. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
5. I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____ Date of Signature:

EDUCATIONAL COURSE REQUIREMENTS: (*To be completed by **ALL** applicants.*)

List **ALL** of your graduate course work in each of the areas. List each course title **as it appears on your transcript**. Use each course only once. A complete description of the education course requirements can be found in the Professional Counselor Licensing Act Rule, R156-60c, available at www.dopl.utah.gov.

** Consideration for a Associate Professional Counselor Extern license
(5) An applicant who has met the degree requirements under Subsection (1) or (4) which prepares one to competently engage in mental health therapy, but who is deficient in one or more, but no more than three of the courses provided in Subsection (2), may be granted a temporary professional counselor license as a certified professional counselor extern under Section 58-60-117. Furthermore, the deficient courses may not include ethics, psychopathology, advanced mental status, practicum, or internship.

Credit Hours Received ☐ Semester ☐ Quarter

****Ethical Standards and Issues** (*minimum 2 semester or 3 quarter hours*)

NOTE: Courses meeting this requirement must be based on standards of the American Counseling Association (ACA), American Mental Health Counselors Association (AMHCA), or the National Board of Certified Counselors (NBCC).

Course Title	Course Number	University

Credit Hours Received ☐ Semester ☐ Quarter

Professional Roles and Standards of a Mental Health Counselor (*minimum 2 semester or 3 quarter hours*)

Course Title	Course Number	University

Credit Hours Received ☐ Semester ☐ Quarter

Individual Counseling Theory (*minimum 2 semester or 3 quarter hours*)

Course Title	Course Number	University

Credit Hours Received ☐ Semester ☐ Quarter

Group Counseling Theory (*minimum 2 semester or 3 quarter hours*)

Course Title	Course Number	University

Credit Hours Received ☐ Semester ☐ Quarter

Human Growth and Development (*minimum 3 semester or 4 quarter hours*)

Course Title	Course Number	University

Credit Hours Received ☐ Semester ☐ Quarter

Career Development (*minimum 3 semester or 4 quarter hours*)

Course Title	Course Number	University

Credit Hours Received ☐ Semester ☐ Quarter

Cultural Foundations (*minimum 3 semester or 4 quarter hours*)

Course Title	Course Number	University

Credit Hours Received ☐ Semester ☐ Quarter

Therapeutic Methods and Interventions (*minimum 6 semester or 9 quarter hours*)

Course Title	Course Number	University
Course Title	Course Number	University

Credit Hours Received

☐ Semester
☐ Quarter

**** Psychopathology and Multi-Axial Diagnosis DSM Classification** (*minimum 2 semester or 3 quarter hours*)
NOTE: Courses meeting this requirement must include psychopathology and multi-axial diagnosis DSM classification

Course Title	Course Number	University

Credit Hours Received

☐ Semester
☐ Quarter

Dysfunctional Behaviors (*minimum 2 semester or 3 quarter hours*)

Course Title	Course Number	University

Credit Hours Received

☐ Semester
☐ Quarter

Test and Measurement Theory (*minimum 2 semester or 3 quarter hours*)

Course Title	Course Number	University

Credit Hours Received

☐ Semester
☐ Quarter

****Advanced Assessment of Mental Status** (*minimum 2 semester or 3 quarter hours*)
NOTE: Courses meeting this requirement must include the assessment of DSM personality diagnosis.

Course Title	Course Number	University

Credit Hours Received

☐ Semester
☐ Quarter

Research and Evaluation (*minimum 3 semester or 4 quarter hours - do not use project, thesis, or dissertation hours*)

Course Title	Course Number	University

Credit Hours Received

☐ Semester
☐ Quarter

**** Practicum** (*minimum 3 semester or 4 quarter hours*)

Site Supervisor Name:	License State: License #:		Phone:
Placement Site:	Date Start:	Date End:	Clock Hours:
Services provided:			

Course Title	Course Number	University

Credit Hours Received

☐ Semester
☐ Quarter

**Internship

Notes

- *A minimum 6 semester hours or 9 quarter hours which includes at least 900 clock hours of supervised experience of which 360 must be in the provision of mental health therapy.*
- *Site supervision must be licensed as a mental health therapist for at least two years prior to beginning supervision activities.*
- *Placement dite must be an agency that engages in the "practice of mental health therapy".*

Site Supervisor Name:	License State: License #:		Phone:
Placement Site:	Date Start:	Date End:	Clock Hours:
Services provided:			

Course Title	Course Number	University
Course Title	Course Number	University

Credit Hours Received

☐ Semester
☐ Quarter

Other Behavioral Science Courses

Notes: *A minimum of 17 semester or 30 quarter hours of behavioral science electives. No more than six semester hours of project, thesis, and dissertation hours may be counted for this area.*

Credit Hours	Course Title	Course Number	University

ASSOCIATE PROFESSIONAL COUNSELOR or ASSOCIATE PROFESSIONAL COUNSELOR EXTERN

LICENSE APPLICATION CHECKLIST

(*This checklist is for your convenience—do not include it with your application*)

The following items are required for a full and complete license application:

1. Complete and enclose all applicable sections of the above application.

2. Submit an **$85.00** non-refundable application-processing fee, made payable to "DOPL."

3. Submit official transcript(s) documenting your graduate degree from a mental health counseling program that meets the requirements of statute and rule, as well as any other official transcripts that are necessary to document completion of specific course work.

4. If you graduated from a school outside of Utah, submit course descriptions for each graduate level course.

Submit the above items, as well as any supporting documentation, to:

By U.S. Mail	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City, Utah 84114-6741
By Express Mail or In Person	Division of Occupational & Professional Licensing 160 East 300 South, Salt Lake City, Utah 84114-6741

For Questions or Other Information:

- **Phone**: (801) 530-6628
- **Toll-free**: (866) 275-3675 (*Utah only*)
- **Website**: http://dopl.utah.gov/licensing/professional_counseling.html