

**STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS
AND PROFESSIONAL COUNSELORS**

717-783-1389
FAX: 717-787-7769

Email st-socialwork@pa.gov

Website www.dos.pa.gov/social

**APPLICATION FOR A LICENSE BY ENDORSEMENT WITHOUT EXAMINATION TO PRACTICE
PROFESSIONAL COUNSELING**

(Must hold a license in another state as a professional counselor and have been actively engaged in the practice of professional counseling for 5 of the last 7 years immediately preceding the filing of this application for licensure by endorsement)

1. Application fee- \$45.00 and is non-refundable. Check/money order should be made payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment. "If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (another application processing fee) and supporting documents as necessary."
2. Meet **ONE** of the following education requirements as per Section 7(f) (2) Act 136 – 1998. Request the school to send an official transcript of your educational degree and other graduate level coursework **DIRECTLY** to the Board in an official sealed school envelope.
 - a. Has successfully completed a planned program of 60 semester hours or 90 quarter hours of graduate coursework in counseling or a field determined by the board by regulations to be closely related to the practice of professional counseling, including a master's degree granted on or before June 30, 2009, in counseling or a field determined by the board by regulation to be closely related to the practice of professional counseling, from an accredited educational institution, and has met specific course requirements listed in Section 49.2.
 - b. Has successfully completed a planned program of 60 semester hours or 90 quarter hours of graduate coursework in counseling or a field determined by the board by regulation to be closely related to the practice of professional counseling, including a 48-semester-hour or 72-quarter-hour master's degree in counseling or a field determined by the board by regulation to be closely related to the practice of professional counseling, from an accredited educational institution, and has met specific course requirements listed in Section 49.2.
 - c. Holds a doctoral degree in counseling from an accredited educational institution or holds a doctoral degree in a field determined by the board by regulation to be closely related to the practice of professional counseling from an accredited educational institution, and has met specific course requirements listed in Section 49.2.
3. Demonstrate proof of supervised clinical Professional Counseling experience. Completed a minimum of 3,000 hours of supervised clinical experience. Request state where you hold a current license as a professional counselor to submit a statement to the Board verifying the completion of 3,000 hours of supervised clinical experience **OR** have the state provide copies of your supervised clinical experience verifying the completion of 3,000 hours of supervised clinical experience as set forth in section 49.18(4) of the Board's regulations.
4. Verification Statement of Active Practice. Sign and date the certification form verifying that you have been actively engaged in the practice of professional counseling for 5 of the last 7 years immediately preceding the filing of the application for licensure by endorsement with the Board.
5. Please provide a curriculum vitae (A list activities from graduation to the present.)

6. Request each state licensing agency where you have ever held a license to practice send letter(s) of good standing **DIRECTLY** the Board office in official sealed agency envelope.
7. If documents will be submitted to the Board under a name different from your present name, submit a copy of legal document showing the name change (marriage certificate, divorce decree, court order, etc..)
8. The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that **EFFECTIVE JANUARY 1, 2015**, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
9. **Effective July 1, 2016**, provide a Self-Query from the National Practitioner Data Bank completed within 6 months of submission of this application to the Board. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
10. **Effective July 1, 2016**, an official Criminal History Record Check (CHRC) from the state agency for every state in which you have resided for the past 5 years. The report(s) must be dated within 90 days of the date of your application for licensure by examination. This report can be sent to you and forwarded to the Board with your application. For Pennsylvania CHRC, this can be done online at <http://epatch.state.pa.us>. **For states that do not provide CHRC for employment or licensing purposes (CA & AZ)**, we will accept an FBI background check. Please go to <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks> and obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check.

PLEASE NOTE:

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. All background check Documents cannot be older than 90 days from the date of issuance.

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

Email: st-socialwork@pa.gov

Website: www.dos.pa.gov/social

Mailing address

P.O. BOX 2649 HARRISBURG, PA 17105-2649

Courier Delivery Address:

2601 North Third Street Harrisburg, PA 17110

APPLICATION FOR A LICENSE BY ENDORSEMENT WITHOUT EXAMINATION TO PRACTICE PROFESSIONAL COUNSELING

Complete page 1 and 2 and submit to the above address.

Application fee - \$45.00 and is non-refundable. Make check/money order payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment.

Name: Last First Middle Maiden

Address: Street

City State Zip

Daytime Telephone Number: () Email:

Social Security Number: Date of Birth: Month Day Year

Will any documentation submitted in connection with this application be received in a name other than the name under which you are applying? Yes [] No []

If Yes, please list the other name or names below (Submit a copy of the legal document evidencing the name change (i.e., marriage certificate, divorced decree or court order) ;

Please list all states, in which you have lived in the past five years:

School

Address of School: Street

City State Zip

Date of Graduation: Month Day Year Type of Degree

The following questions must be answered, please check the appropriate box.		Yes	No
1.	Do you hold or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If yes, please list all professions and states where you have been licensed and request a letter of good standing be sent from each state board to the Pennsylvania Board. _____ _____		
2.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
3.	Do you currently have any disciplinary charges pending against your professional or occupational license certificate, permit or registration in any state or jurisdiction?		
4.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Do you have any mental or physical condition that would prevent you from practicing counseling with reasonable skill?		
8.	Have you ever been found guilty of immoral or unprofessional conduct?		
9.	Have you ever violated standards or professional practice or conduct?		
10.	Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
11.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
12.	Have you ever had practice privileges denied revoked, suspended or restricted by a hospital or any health care facility?		
13.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

IF YOU HAVE ANSWERED "YES" TO ANY QUESTIONS FROM 2 THROUGH 13, PLEASE ATTACH AN 8 ½ X 11 SHEET OF PAPER GIVING FULL DETAILS. INCLUDE COURTHOUSE CERTIFIED COPIES OF ANY DOCUMENTS EXPLAINING THE SITUATION, IF APPLICABLE.

VERIFICATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties from tampering with public records or information under 18 Pa.C.S. § 49.11. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

APPLICANT'S SIGNATURE

DATE

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

**STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL
COUNSELORS**

Regular Mailing Address
P O Box 2649
Harrisburg, PA 17105-2649

Courier Delivery Address
2601 North Third Street
Harrisburg, PA 17110

VERIFICATION STATEMENT OF ACTIVE PRACTICE

Verification of 5 years of Active Practice:

I have been actively engaged in the practice of professional counseling for 5 of the last 7 years immediately preceding the filing of this application for licensure by endorsement. I verify that the statements in this verification statement of active practice are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license.

Signature

Date