

*****FOR OFFICE USE ONLY*****

**Mental Health Counselor
Associate Checklist**

- App. & Fee
- Date: _____ Check _____
- Transcript



*****FOR OFFICE USE ONLY*****

Application Approved:
License Number:
Issue Date:
Signature of Board Administrator
ID#:
Receipt #:

**Rhode Island
Board of Mental Health Counselors and
Marriage & Family Therapists**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

***Instructions and Application For
License As A***

Mental Health Counselor Associate

License # _____
Name _____

MILITARY STATUS ELIGIBILITY	<i>(Documentation Required) see next page for instructions</i>
Please check ONE of the following criteria for expedited application:	
<input type="checkbox"/> I am in active military duty or a reservist	
<input type="checkbox"/> I am a military veteran with honorable discharge	
<input type="checkbox"/> I am the spouse of someone in active military duty or the spouse of a reservist	

Applicant - Print Name

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LAST NAME

FIRST NAME

MI

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

LICENSURE REQUIREMENTS

- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$70.00** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE. [Please be advised that this license shall expire 3 years from the date of issuance and may not be renewed. A one (1) year extension of this license may be granted to complete all post-graduate requirements, as approved by the Board in it's discretion.]
- Official transcript(s), with registrar's signature and school seal from an accredited College or University (60 semester credit hours or 90 quarter hours required). CACREP Accreditation, if applicable **No student copies will be accepted.**
- If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.



State of Rhode Island

Board of Mental Health Counselors and Family & Marriage Therapists

Application for License as a Mental Health Counselor Associate

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

<p>1. Name(s)</p> <p>This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Title (i.e., Mr., Mrs., Ms., etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>First Name</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Middle Name</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Surname, (Last Name)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Suffix (i.e., Jr., Sr., II, III)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Maiden, if applicable Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).</p> <hr/>
<p>2. Social Security Number</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>U.S. Social Security Number</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>“Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State.”</p>
<p>3. Gender</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>4. Date of Birth</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Month Day Year</p>
<p>5. Home Address</p> <p>It is your responsibility to notify the board of all address changes.</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>1st Line Address (Apartment/Suite/Room Number, etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Second Line Address (Number and Street)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>City</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>State Zip Code</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Country, if NOT U.S.</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Postal Code, if NOT U.S.</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Home Phone</p> </div> <div style="width: 50%;"> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Home Fax</p> </div> </div> <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div> <p>Email Address (Format for email address is Username@domain e.g. applicant@isp.com)</p>
<p>6. Business Address (ONLY if it is RELATED to your license.)</p> <p>It is your responsibility to notify the board of all address changes.</p> <p><i>This address will appear on the Department of Health web site.</i></p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Name of Business/Work Location</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>1st Line Address (Department/Suite/Room Number, etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Second Line Address (Number and Street)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>City</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>State Zip Code</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Country, if NOT U.S.</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Postal Code, if NOT U.S.</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Business Phone</p> </div> <div style="width: 20%;"> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Extension</p> </div> <div style="width: 40%;"> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Business Fax</p> </div> </div>

7. Preferred Mailing Address
Please check ONE

Please use my **Home Address** as my preferred mailing address

Please use my **Business Address** as my preferred mailing address

8a. Qualifying Education

Please list the name and information about the school that you attended that qualifies you for this license.

MINIMUM OF 60 CREDITS ARE REQUIRED

Type of School (University, College, Technical School, etc.)

Name of School

Date Graduated: Number of Credit Hours

Month Year

Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)

Requirement	Location (Name and Address)	Date Began	Date Completed	Hours Completed
Supervised Practicum (12 semester hours or 18 quarter hours)	_____			

Supervised Internship (1 calendar year of 20 hours/week Minimum of 600 Hours)	_____			

Please list:
Supervised Practicum
(12 semester hours or 18 quarter hours)

Supervised Internship
(1 calendar year of 20 hours/week minimum of 600 hours)

9. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? Yes No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

_____ Month Year

10. Disciplinary Questions

Check either Yes or No for each question.

1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending? Yes No

2. Have you ever been denied a license, certificate, registration or permit in any state? Yes No

Note: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

11. Affidavit of Applicant

Complete this section and sign.

Make sure that you have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Mental Health Counselor in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Mental Health Counselors and Marriage & Family Therapists of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant _____

Date of Signature (MM/DD/YY) _____



RI Board of Mental Health Counselors and Marriage & Family Therapists

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

Substitute forms are not acceptable, copy this form as needed.

CORE CURRICULUM COURSEWORK REQUIREMENT FORM

Print/Type Full Name

Signature

Date

ALL APPLICANTS - PLEASE COMPLETE THE FOLLOWING:

In order to qualify for Licensure you must have taken graduate credit courses and graduate work in the following areas. Please list your courses which correspond to the given content areas. Refer to the licensing regulations (Appendix A-1) for clarification of the content areas. Elective courses that do not fit into the particular areas should be noted also. If the title of the course does not clearly reflect course content attach a course description.

Content Area	Date	Course Code	Course Title	Credit	Hours
1. Helping Relationships and Counseling Theory (9 credits minimum)					
2. Human Growth and Development (3 credits minimum)					
3. Social and Cultural Foundations (3 credits minimum)					
4. Group Counseling (3 credits minimum)					
5. Lifestyle and Career Development (3 credits minimum)					
6. Appraisal (3 credits minimum)					
7. Research and Program Evaluation (3 credits minimum)					
8. Professional Orientation (3 credits minimum)					
9. Electives: (Courses may reflect a specialization area, or add knowledge & skills in interdisciplinary studies).					