



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**APPLICATION FOR LICENSURE**

COMMITTEE FOR PROFESSIONAL COUNSELORS  
 3605 MISSOURI BOULEVARD  
 PO BOX 1335  
 JEFFERSON CITY, MO 65102-1335  
 PROFCOUNSELOR@PR.MO.GOV

Please enter responses in black ink with all sections completed. Failure to complete a section will result in the application being returned and delay committee review. The fee is **\$100**. This application must be mailed with the fee. **DO NOT FAX OR EMAIL THIS APPLICATION.** Please see instructions at [pr.mo.gov/counselors](http://pr.mo.gov/counselors) and click on Application Forms icon.

Pursuant to §324.024, RSMo, disclosure of your Social Security Number (SSN) is mandatory. The committee will not publicly disclose your SSN without your consent, unless such disclosure is permitted by federal or state law. However, state law allows the committee to disclose your SSN in connection with any civil, criminal, administrative or arbitral proceeding, in an investigation in anticipation of litigation, pursuant to a court order, and in the performance of the statutory or constitutional duty or power. The committee can also disclose your SSN to another governmental agency (federal, state or local) and to a private person or entity acting on behalf of, or in cooperation with, a state entity. State law requires the committee to provide your SSN to child support and tax compliance officials.

**I. GENERAL INFORMATION AND STATEMENT OF APPLICANT (ORIGINAL SIGNATURE REQUIRED)**

IF APPLYING FOR LICENSURE BASED UPON A LICENSE FROM ANOTHER STATE, PLEASE CHECK HERE

1. NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)

2. SOCIAL SECURITY NUMBER (REQUIRED)

3. DATE OF BIRTH

4. RACE (VOLUNTARY)

5. GENDER (VOLUNTARY)

 MALE

 FEMALE

6. MAILING ADDRESS (ACTUAL RESIDENTIAL ADDRESS, STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP)

7. EMAIL ADDRESS

8. PRIMARY TELEPHONE NUMBER

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice as a professional counselor in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration this application for licensure as required by the Missouri law governing the practice of professional counseling and subject to the rules of the Missouri Committee for Professional Counselors. I subscribe and agree to abide by all applicable laws and rules regarding the practice of professional counseling. I hereby certify that I have familiarized myself with sections 337.500-337.540 RSMo, and applicable rules promulgated by the Missouri Committee of Professional Counselors. I understand post degree supervised experience must be documented by the committee approved licensure supervisor on a Verification of Post Degree Supervised Experience Form.

I have enclosed the application fee. I understand that the Committee may require further information or evidence that it deems reasonable and proper. I authorize communication via email, concerning this application and results of committee review.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>  NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	APPLICANT SIGNATURE ▶		COUNTY (OR CITY OF ST. LOUIS)
	STATE OF		
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR		<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

**OFFICE USE ONLY**

NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)

9. LIST ALL OF THE STATES IN WHICH YOU NOW HOLD OR HAVE EVER HELD A LICENSE/CERTIFICATE TO PRACTICE COUNSELING, PSYCHOLOGY, SOCIAL WORK, OR MARRIAGE AND FAMILY THERAPY IN ORDER OF ATTAINMENT.

STATE	LICENSE/CERTIFICATE NUMBER	ISSUE DATE	CURRENT STATUS

**II. EXAMINATION INFORMATION**

10. NATIONAL COUNSELOR EXAMINATION (NCE) TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES ▶	DATE EXAM TAKEN
11. NATIONALLY CERTIFIED COUNSELOR (NCC)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES ▶	CERTIFICATION NUMBER

**NOTE:** APPLICANT IS RESPONSIBLE FOR HAVING THE EXAM SCORE SUBMITTED TO COMMITTEE OFFICE BY THE TESTING SERVICE.

**III. GRADUATE EDUCATION**

12. HAS EDUCATION BEEN PREVIOUSLY APPROVED AND ACCEPTED BY THE COMMITTEE?  
 YES IF YES, YOU MAY PROCEED TO SECTION IV  
 NO IF NO, COMPLETE PAGES 2 AND 3

13. LIST CORE COURSES TAKEN FOR GRADUATE CREDIT. (OFFICIAL COPIES OF ALL GRADUATE DEGREE TRANSCRIPTS MUST BE SENT TO COMMITTEE OFFICE.)

COURSE NO.	COLLEGE/UNIVERSITY	TITLE OF COURSE	CREDIT HOURS	DATE TAKEN
<b>A. COUNSELING THEORY (MINIMUM OF 3 HOURS GRADUATE CREDIT REQUIRED)</b>				
<b>B. HUMAN GROWTH AND DEVELOPMENT (MINIMUM 3 HOURS GRADUATE CREDIT REQUIRED)</b>				
<b>C. SOCIAL AND CULTURAL FOUNDATIONS (MINIMUM 3 HOURS GRADUATE CREDIT REQUIRED)</b>				
<b>D. THE HELPING RELATIONSHIP (MINIMUM 3 HOURS GRADUATE CREDIT REQUIRED)</b>				
<b>E. GROUP COUNSELING (MINIMUM 3 HOURS GRADUATE CREDIT REQUIRED)</b>				
<b>F. CAREER DEVELOPMENT (MINIMUM 3 HOURS GRADUATE CREDIT REQUIRED)</b>				

<b>III. GRADUATE EDUCATION (CONTINUED)</b>				
<b>G. APPRAISAL (MINIMUM 3 HOURS GRADUATE CREDIT REQUIRED)</b>				
<b>H. RESEARCH METHODS (MINIMUM 3 HOURS GRADUATE CREDIT REQUIRED)</b>				
<b>I. PROFESSIONAL ORIENTATION (MINIMUM 3 HOURS GRADUATE CREDIT REQUIRED)</b>				
<b>J. DIAGNOSIS (MINIMUM 3 HOURS GRADUATE CREDIT REQUIRED)</b>				
<b>K. PRACTICUM/INTERNSHIP/FIELD STUDY (MINIMUM 6 HOURS GRADUATE CREDIT REQUIRED)</b>			<b>MUST APPEAR ON TRANSCRIPT</b>	

**IV. APPLICANT HISTORY**

Please answer the following questions (Yes answers **MUST** be explained in writing on a separate sheet of paper and attached to the application.)

	YES	NO
1. Have you, or any license or right to practice held by you, been restricted or disciplined. Such a disciplinary action to include, but not be limited to, revocation, suspension, probation, censure, or reprimand, whether voluntarily agreed to or not, by any US state, territory, federal agency, Canadian province or foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever taken an examination or been licensed by another professional licensing board? If yes, please list the board name, state, and license number.	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been arrested, charged, subject to prosecution, indicted, found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States whether or not sentence was imposed? You must answer "yes" even in the event of a suspended imposition of sentence or suspended execution of sentence was received/ordered.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been charged with or convicted of a violation of any federal or state drug laws or rules whether or not sentence was imposed or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you now or have you in the last five years been addicted to any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you had a judgment rendered against you based upon fraud, misrepresentation, or deception related to the practice of counseling?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been named as a defendant in a civil suit related to counseling?	<input type="checkbox"/>	<input type="checkbox"/>

14.  Please check here if you are an active duty military service member, retired military, or honorably discharged veteran

Please check here if you are the spouse of an active duty military service member, retired military or honorably discharged veteran

*Pursuant to Section 324.015.2 RSMo an applicant can be eligible for a waiver of the application fee upon providing documentation of active military, retired or honorably discharged veteran or the spouse of any of the aforementioned.*

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

*False statements are subject to criminal penalties and/or license discipline.*

Information relating to state income tax compliance should be directed to the Department of Revenue at 573-751-7200 or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).