Degree Program Work Experience Instructions

Instructions to Applicant

1. Fill in your name and the name of your graduate program or department, sign the waiver for release of information, and submit the form to your graduate program or department.

2. Request that your school's representative (Reference) complete the form. You may discuss your expectations, but the form must be completed and submitted by the Reference directly to the Oregon Board of Licensed Professional Counselors and Therapists.

3. On receipt, the Board will complete an initial review of the form and update its status, which is visible to you when you log in to the Applicant Portal.

Note: Up to one year (12 months) and 400 hours of supervised direct client contact completed during the clinical portion of your qualifying graduate degree program may qualify towards the supervised work experience requirement for licensure. Clinical experience should also be reflected on your transcript.

Instructions to Graduate School Representative (Reference)

1. The applicant for licensure in the State of Oregon has authorized you to provide information to document their experience as a counselor / marriage and family therapist while enrolled in your degree program.
2. Please complete this form, sign it, and email it directly to the Oregon Board of Licensed Professional Counselors and Therapists: lpct.board@mhra.oregon.gov. Alternatively, you may place the form in an envelope, seal the envelope, **sign across the sealed flap**, and mail it directly to:

   OBLPCT
   3218 Pringle Road SE, Ste. 120
   Salem, OR 97302

Note: The Experience #2 section is not required if the applicant did not have a second work site. Otherwise, all form fields are required. If there were more than 2 work sites, please use a second form to document all clinical experience applicant completed as part of the degree program.

Definitions

"Clinical experience" means the professional practice of applying principles and methods to provide assessment, diagnosis, and treatment of individuals and families with mental health disorders.

"Direct client contact hours" of counseling or therapy means only those clinical experience hours that are therapeutic or a combination of assessment and subsequent therapeutic interactions.

"Couples and family hours" means direct client contact hours spent working with couples and families in the same session.

Oregon Board of Licensed Professional Counselors and Therapists

DEGREE-PROGRAM WORK EXPERIENCE FORM

Waiver: ***I,*** _____***,*** *hereby authorize* _____ *to provide the Oregon Board of Licensed Professional Counselors and Therapists with all information relevant to my qualifications as an applicant for licensure. I hereby release and discharge the reference from all claims arising out of the provision of such information.*

Signature of Applicant: _____ Date: _____

Graduate Program Representative (Reference) Information

Name: _____ Title: _____

Email: _____ Phone Number: _____

Program Name: _____ Address: _____

City, State, Zip: _____

Supervised Experience Information

Experience #1: From [Mo/Day/Yr.]**:** _____ **To** [Mo/Day/Yr.]**:** _____ **Course No(s):** _____

Work Site Agency/Business Name: _____

Address: _____ City, ST, Zip: _____

Applicant's job title: _____ Activities performed by Applicant: _____

_____

_____

_____

Total number of client contact hours of counseling supervised at this setting during this time: _____ hours.

Out of the total hours listed above, how many were spent working with couples and families? _____ hours.

Was Applicant supervised by a master's or higher-level clinical supervisor? ◯ Yes ◯ No

Experience #2: From [Mo/Day/Yr.]**:** _____ **To** [Mo/Day/Yr.]**:** _____ **Course No(s):** _____

Work Site Agency/Business Name: _____

Address: _____ City, ST, Zip: _____

Applicant's job title: _____ Activities performed by Applicant: _____

_____

_____

_____

Total number of client contact hours of counseling supervised at this setting during this time: _____ hours.

Out of the total hours listed above, how many were spent working with couples and families? _____ hours.

Was Applicant supervised by a master's or higher-level clinical supervisor? ◯ Yes ◯ No

Character & Fitness. Do you know of any reason why the applicant should **not** be licensed? ◯ Yes ◯ No

If yes, please explain:

_____

_____

Attestation. I attest that all the information I have provided to the Board is true, and I take responsibility for the information I have provided.

Signature of Representative: _____ Date: _____