



The Commonwealth of Massachusetts  
**Division of Professional Licensure**  
Board of Allied Mental Health and Human Services Professions  
1000 Washington Street, Suite 710  
Boston, MA 02118-6100  
(617) 727-3080  
amh.board@mass.gov

# Licensed Mental Health Counselor Application Guide

## I. How to Apply: You Must Apply Online

Applications are only accepted through the [ePlace](#) portal. To apply, create an account, log in, click on “Manage Licenses, Permits and Certificates,” “File an Online Application,” accept the terms, scroll down to “Board of Allied Mental Health and Human Services,” click the arrow next to it, then select “Licensed Mental Health Counselor Application,” click “Continue” at the bottom of the page, and follow the instructions.

### Before you apply online, you must have the following documents to upload:

- ☐ A head and shoulders photograph of yourself
- ☐ A completed Pre-Master’s Degree Experience and Education Form (found at the end of this guide)
- ☐ A completed Post-Master’s Degree Clinical Experience Form (found at the end of this guide)
- ☐ A score report showing that you passed the National Clinical Mental Health Counseling Examination (NCMHCE) from the National Board of Certified Counselors (NBCC) ([www.nbcc.org](http://www.nbcc.org)). **Exam scores expire after 5 years unless you hold a Licensed Mental Health Counselor license in another state.**
- ☐ A notarized Criminal Offender Record Information Form (found at the end of this guide)
- ☐ You must use a credit card or checking account to pay the non-refundable application fee of \$117.

### You will also need to arrange for the following to be emailed (to [amh.board@mass.gov](mailto:amh.board@mass.gov)) or mailed (at the address above) to the Board:

- ☐ Your graduate school(s) must send an official transcript of the graduate education you are submitting to meet the licensing requirements.
- ☐ If you currently hold or have previously held a professional license in another jurisdiction, regardless of its status, please arrange for an official license verification to be sent to the Board by the issuing entity. Please contact the Board for further directions in the event the entity that licensed you does not issue verifications and only offers an online license lookup. A copy of your license is not an acceptable alternative.
- ☐ If you passed the NCMHCE in another state, please contact the NBCC and have an official score report sent to the Board by the NBCC.

After your application is reviewed, you will be notified by email of any deficiencies in your application or instructions to pay the \$155 license fee to get your license.

## **Applicants Licensed as a Licensed Mental Health Counselor (or the Equivalent) in another Jurisdiction**

If you are currently licensed as a licensed mental health counselor or the equivalent in another state, you may apply by reciprocal recognition. You do not need to submit the Pre-Master's Degree Experience and Education Form or the Post-Master's Degree Clinical Experience Form, but you must submit everything else **plus**:

- ☐ A signed statement under the penalties of perjury that the applicant has worked full-time, or the equivalent part-time, for three years as a licensed LMHC in another jurisdiction.
- ☐ An official score report for the NCMHCE (no other exam will be accepted).
- ☐ A final transcript which demonstrates that the applicable degree and education requirements have been met.
- ☐ An official verification of your license(s) from every jurisdiction in which you were or are licensed.

## **II. Definition of Approved Supervisor For All Experiences**

All experiences (pre-master's degree practicum, pre-master's degree internship, and post-master's degree experience) must be supervised by an approved supervisor. **Please note that at least 75 of the required 200 total supervision hours for all experiences (pre- or post-master's degree) must be supervised by a Massachusetts licensed mental health counselor or the equivalent in another state or jurisdiction.**

### **A. For experiences that were arranged after June 5, 2015:**

An approved supervisor is a practitioner with three years of full-time or the equivalent part-time post-licensure clinical mental health counseling experience who is either a **Massachusetts licensed** mental health counselor, independent clinical social worker, marriage and family therapist, psychologist with a health services provider certification, physician with a sub-specialization in psychiatry, nurse practitioner with a sub-specialization in psychiatry or, where the practice and supervision occurred outside of Massachusetts, an individual who is an independently licensed mental health practitioner with a license or registration equivalent to one listed above.

### **B. For experiences that were arranged before June 5, 2015:**

An approved supervisor is a practitioner with five years of full-time or the equivalent part-time postgraduate clinical mental health counseling experience who is either a (1) certified clinical mental health counselor, or a **Massachusetts licensed** (2) mental health counselor, (2) independent clinical social worker (LICSW) who has a master's degree in social work, (3) marriage and family therapist (LMFT) who has a master's degree in marriage and family therapy, (4) psychologist who has a doctoral degree in clinical, counseling, or developmental psychology, or (5) medical doctor who has medical degree and a sub-specialization in psychiatry (a psychiatrist).

An approved supervisor may also be a (1) licensed mental health practitioner who (2) has a master's or doctoral degree in rehabilitation counseling, pastoral counseling, psychiatric nursing, developmental or educational psychology, or a related field, (3) completed a supervised clinical experience (i.e., supervision by an approved supervisor while in the practice of clinical mental health counseling services), and (4) passed the NCMHCE examination.

If your experience occurred in another state, an approved supervisor must be licensed in that state and meet the same criteria above.

For the specific purpose of college supervision (e.g., support seminars) of students in a practicum or internship, an approved supervisor may be a mental health practitioner who holds a teaching or supervisory position in an educational institution which trains mental health counselors and a graduate degree in mental health counseling or a related field, but site supervisors in a practicum or internship must meet one of the other definitions above.

### **III. Pre-Master's Degree Experience and Education Form**

#### **A. Education Requirements**

##### **1. Degree Programs Where You Started Your First Class Before July 1, 2017**

If you started taking your first class for your last required degree or certificate before July 1, 2017, you must complete at least 60 semester credit hours of graduate coursework in mental health counseling or a related field, including a master's degree of at least 48 semester credit hours. Three semester credit hours are equal to four quarter credit hours.

If you do not have a master's degree of at least 48 semester credit hours, you must have additional coursework to equal at least 60 semester credit hours:

- an advanced certificate (CAGS);
- a second master's degree; or
- a doctoral degree.

##### **2. Degree Programs Where Started Your First Class After July 1, 2017**

If you started your degree after July 1, 2017, you must complete a master's degree of at least 60 semester credit hours (or 80 quarter credit hours) in mental health counseling or a related field.

##### **3. Requirements for All Educational Programs**

All degrees and certifications must be from an educational institution licensed or accredited by the state regional accrediting body in which it is located, which meets regional standards for the granting of a master's or doctoral degree.

Your 60 semester credit hours (or 80 quarter credit hours) must cover the following required course areas. You must successfully complete a minimum of 10 graduate courses, covering each of the specific content areas, as each course can be used to fill only one requirement. Each course must be at least three semester credit hours or four quarter credit hours. All courses must focus on mental health counseling. The 10 content areas are:

- **Counseling Theory:** Examination of the major theories, principles and techniques of mental health counseling and their application to professional counseling settings. Understanding and applying theoretical perspectives with clients.
- **Human Growth and Development:** Understanding the nature and needs of individuals at all developmental stages of life. Understanding major theories of physical, cognitive, affective and social development and their application to mental health counseling practice.
- **Psychopathology:** Identification and diagnosis and mental health treatment planning for abnormal, deviant, or psychopathological behavior, includes assessments and treatment procedures.
- **Social and Cultural Foundations:** Theories of multicultural counseling, issues and trends of a multicultural and diverse society. Foundational knowledge and skills needed to provide mental health counseling services to diverse populations in a culturally competent manner.
- **Clinical Skills:** Understanding of the theoretical bases of the counseling processes, mental health counseling techniques, and their therapeutic applications. Understanding and practice of counseling skills necessary for the mental health counselor.
- **Group Work:** Theoretical and experiential understandings of group development, purpose, dynamics, group counseling methods and skills, as well as leadership styles. Understanding of the dynamics and processes of mental health (therapeutic, psychosocial, psycho-educational) groups.
- **Special Treatment Issues:** Areas relevant to the practice of mental health counseling, *i.e.* psychopharmacology, substance abuse, school or career issues, marriage and family treatment, sexuality and lifestyle choices, treating special populations.
- **Appraisal:** Individual and group educational and psychometric theories and approaches to appraisal. Examination of the various instruments and methods of psychological appraisal and assessment including, but not limited to, cognitive, affective, and personality assessment utilized by the mental health counselor. The function of measurement and evaluation, purposes of testing, reliability and validity.
- **Research and Evaluation:** Understanding social science research, and evaluative methodologies and strategies, types of research, program evaluation, needs assessments, ethical and legal considerations.
- **Professional Orientation:** Understanding of professional roles and functions of mental health counselors, with particular emphasis on legal and ethical standards. Ethical case conceptualization, analysis and decision making as it relates to clinical practice. Knowledge and understanding of the standards set by the code of ethics of the American Counseling Association and the American Mental Health Counselors Association. Understanding of licensure and regulatory practices.
- **Electives Areas:** Graduate courses other than required graduate courses must include knowledge and skills in the practice of mental health counseling. Appropriate courses may include, but are not limited to, the areas listed above as well as best practices for maintaining and terminating counseling and psychotherapy; consultation skills; outreach and prevention strategies; diagnosis and treatment

issues; working with special populations; professional identity and practice issues, including historical perspectives; mental health regulations and policy; and management of community mental health programs.

## **B. Pre-Master's Degree Experience Requirements**

### **1. Practicum**

As part of your master's degree program, you must complete a pre-internship experience of at least seven weeks and 100 clock hours at the academic campus or a clinical field experience site.

A clinical field experience site is a site providing pre- and post-master's degree clinical field experience training that is (1) part of an educational institution licensed or accredited by the state regional accrediting body in which it is located which meets regional standards for the granting of a master's or doctoral degree, or (2) a health or mental health institution regulated by the state, or another appropriate entity regulated by the state or otherwise exempt from regulation, that has integrated programs for the delivery of clinical mental health counseling and has established provisions for appropriate supervision. A clinical field experience site does not include individual private practice or group private practice.

The 100 clock hours of experience must include at least:

- 40 contact hours of direct client contact experience or peer role plays and laboratory experience in individual, group, couple and family interactions. Direct client contact experience is direct, face-to-face, clinical mental health counseling with a range of individuals, groups, couples, or families, and does not include vocational guidance services, academic school guidance counseling, industrial or organizational consulting services, teaching or conducting research.
- 25 supervisory contact hours with:
  - At least 10 hours of individual supervision
  - At least 5 hours of group supervision, with no more than 10 supervisees in a group
  - 10 additional supervision hours, which may be individual or group in nature

### **2. Internship**

As part of your master's degree program, you must complete a post-practicum experience of at least 600 clock hours at a clinical field experience site (defined above).

The 600 clock hours of experience must include at least:

- 240 contact hours of direct client contact experience at a clinical field experience site in mental health counseling, which does not include vocational guidance services, academic school guidance counseling, industrial or organizational consulting services, teaching or conducting research.
- 45 supervisory contact hours with:

- At least 15 hours of individual supervision
- At least 15 hours of group supervision, with no more than 10 supervisees in a group
- 15 additional supervision hours, which may be individual or group in nature

#### **IV. Post-Master's Degree Experience Form**

After you have received your master's degree or other qualifying education, you must complete at least 3360 total hours of full-time, or equivalent part-time, experience in mental health counseling in a period not less than two years and not more than eight years. Full time is no more than 35 hours per week for 48 weeks a year. Thus, you cannot count more than 35 hours per week and 48 weeks a year, even if you worked more than one job at the same time.

##### **A. Client Contact Hours**

At least 960 hours of the 3360 total hours must be in direct, face-to-face, clinical mental health counseling with a range of individuals, groups, couples, or families.

- At least 610 of those hours must be in individual, couples, or family counseling
- No more than 350 of those hours may be in group counseling
- You must have at least 10 client contact hours each week for the experience to be considered full-time.

##### **B. Supervision Hours**

At least 130 hours of the 3360 total hours must be supervisory contact hours.

- At least 75 hours of individual supervision
- At least one hour of supervision for every 16 hours of direct client contact
- If you are working part-time, you can have no less than one supervision hour every two weeks.

## **Reciprocity Applicants Only**

I attest, under the penalties of perjury, that I have worked full-time, or the equivalent part-time, for three years as a licensed mental health counselor in another jurisdiction.

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Signature of Applicant

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Date

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Name Printed

Applicant's Name: \_\_\_\_\_

**PRE-MASTER'S DEGREE EXPERIENCE AND EDUCATION FORM**

*A Dean, Department Head, or Faculty Advisor from the Applicant's graduate program must sign this form.*

*Please see pages 2-6 of the Mental Health Counselor Application Guide on the Board's website for the definition of an Approved Supervisor and education and pre-master's degree experience requirements.*

**Name of Dean, Department Head, or Faculty Advisor:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

College/University: \_\_\_\_\_

I certify that the Applicant listed above completed the following:

- **Pre-Master's Practicum:** A minimum of 100 total hours, including a minimum of 40 clinical hours and 25 hours of supervision (at least 10 of which were individual in nature and at least 5 of which were group in nature) provided by a supervisor who met the definition of an Approved Supervisor.
- **Pre-Master's Internship:** A minimum of 600 total hours, including a minimum of 240 clinical hours, and 45 hours of supervision (at least 15 of which were individual in nature and 15 of which were group in nature) provided by a supervisor who met the definition of an Approved Supervisor.
- Total Hours of Supervision by a Licensed Mental Health Counselor: \_\_\_\_\_
- A degree program that required the Applicant to complete a least 3 semester credit-hours (or 4 quarter credit-hours) of coursework in each of the following course content areas that focused on mental health counseling: **Counseling Theory, Human Growth and Development, Psychopathology, Social and Cultural Foundations, Clinical Skills, Group Work, Special Treatment Issues, Appraisal, Research and Evaluation, and Professional Orientation.**

I certify under the pains and penalties of perjury that, to the best of my knowledge, the information above is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Applicant's Name: \_\_\_\_\_

Page \_\_ of \_\_

**POST-MASTER'S DEGREE CLINICAL EXPERIENCE FORM**

- *Each of an applicant's supervisors must complete the page below.*
- *The applicant should number each page at the top and upload all pages together in one scanned document with the Applicant's Post-Master's Degree Clinical Experience Attestation page at the end.*
- *Please see pages 2-3 and 6 of the Mental Health Counselor Application Guide on the Board's website for the definition of Approved Supervisor and Post-Master's Degree Clinical Experience requirements.*

**Supervisor Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ State Where Licensed: \_\_\_\_\_

**Applicant's Experience Information**

Name and Address of Clinical Facility: \_\_\_\_\_

Dates of Experience: \_\_\_\_\_ (mm/dd/year) to \_\_\_\_\_ (mm/dd/year)

| Total Hours (Max. 35 Hours/Week)* | Total Weeks (First Column ÷ 35) | Total Clinical Hours | Total Clinical Hours Individual in Nature | Individual Supervision Hours | Group Supervision Hours |
|-----------------------------------|---------------------------------|----------------------|---|------------------------------|-------------------------|
|                                   |                                 |                      |   |                              |                         |

\*This is the total hours worked during the dates of experience listed on this form, which must be based on no more than 35 hours worked per week.

**Supervisor's Attestations**

Do you believe the applicant is of good moral character? Yes\_\_ No\_\_ (If no, please explain on a separate sheet.)

Do you meet the definition of an Approved Supervisor, as defined in in the Mental Health Counselor Application Guide? Yes\_\_ No\_\_

I attest under the pains and penalties of perjury that the information above is true and correct to the best of my knowledge. I also understand that if any of the information above is inaccurate, I may be subject to disciplinary action by the Board.

\_\_\_\_\_  
Signature of Approved Supervisor

\_\_\_\_\_  
Date

Applicant's Name: \_\_\_\_\_

Page \_\_ of \_\_

**POST-MASTER'S DEGREE CLINICAL EXPERIENCE FORM**

**Applicant's Post-Master's Degree Clinical Experience Attestation**

- *To be completed by the applicant based on totals from all Post-Master's Degree Clinical Experience Forms.*
- *Please and Mental Health Counselor Application Guide on the Board's website for application requirements.*

| Total Hours (Max. 35 Hours/Week)* | Total Weeks (First Column ÷ 35) | Total Clinical Hours | Total Clinical Hours Individual in Nature | Individual Supervision Hours | Group Supervision Hours |
|-----------------------------------|---------------------------------|----------------------|---|------------------------------|-------------------------|
|                                   |                                 |                      |   |                              |                         |

\*This is the total hours worked during all post-master's degree experiences, which must be based on no more than 35 hours worked per week.

**Supervision Ratio**

Total Clinical Hours ÷ (Divided By) Total Supervision Hours (Individual + Group) = \_\_\_\_ (Must Equal 16 or Less)

**Applicant's Attestation**

I attest under the pains and penalties of perjury that I completed my post-master's degree clinical experience hours in a period of no less than 96 weeks (48 weeks each year for two years), and that the total hours calculations above are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**COMMONWEALTH OF MASSACHUSETTS**  
**1000 Washington Street, Suite 710**  
**Boston, MA 02118-6100**

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)**  
**ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

**FOR LICENSING PURPOSES ONLY:**

I understand that the Division of Professional Licensure may conduct a subsequent CORI check within one year of the date this Form was signed by me.

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check, both within one year of the date of this Form, and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please provide the name of the board of registration and license type for which you are applying or currently hold:*

\_\_\_\_\_  
Board of Registration

\_\_\_\_\_  
License Type

**NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.**

SUBJECT INFORMATION: (A red asterisk (\*) denotes a required field)

\_\_\_\_\_  
\*Last Name                      \*First Name                      Middle Name                      Suffix

\_\_\_\_\_  
\*Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
\*Date of Birth                      Place of Birth

\* Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

**IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DPL Offices, Section A must be completed. Otherwise, Section B must be completed.**

**SECTION A: VERIFICATION BY DPL EMPLOYEE:** I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:<sup>1</sup>

☐ Passport      ☐ State-issued driver's license      ☐ Military identification      ☐ State-issued identification card

VERIFIED BY: \_\_\_\_\_  
Name of Verifying DPL Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying DPL Employee                      Date

**SECTION B: VERIFICATION BY NOTARY:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared

\_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:<sup>1</sup>

☐ Passport      ☐ State-issued driver's license      ☐ Military identification      ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public:

\_\_\_\_\_  
Notary Commission Expires On

<sup>1</sup> If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).

**POST-MASTER'S DEGREE CLINICAL EXPERIENCE FORM**

- Each of an applicant's supervisors must complete the page below.
- The applicant should number each page at the top and upload all pages together in one scanned document with the Applicant's Post-Master's Degree Clinical Experience Attestation page at the end.
- Please see pages 2-3 and 6 of the Mental Health Counselor Application Guide on the Board's website for the definition of Approved Supervisor and Post-Master's Degree Clinical Experience requirements.

**Supervisor Information**Name: John Doe Title: Clinical SupervisorLicense Type: LMHC License Number: 1234 State Where Licensed: MA**Applicant's Experience Information**Name and Address of Clinical Facility: Main Street Counseling, 123 Main Street, Ste 1, Boston, 02222Dates of Experience: 01/01/2015 (mm/dd/year) to 01/01/2017 (mm/dd/year)

| Total Hours (Max. 35 Hours/Week)* | Total Weeks (First Column ÷ 35) | Total Clinical Hours | Total Clinical Hours Individual in Nature | Individual Supervision Hours | Group Supervision Hours |
|-----------------------------------|---------------------------------|----------------------|---|------------------------------|-------------------------|
| 3,465                             | 98                              | 1,000                | 700                                       | 80                           | 93                      |

\*This is the total hours worked during the dates of experience listed on this form, which must be based on no more than 35 hours worked per week.

 $3,465/35=98$ **Supervisor's Attestations**

Total hours spent treating clients

Out of the total clinical hours, these are the hours spent doing individual, couples, or family counseling.

Do you believe the applicant is of good moral character? Yes x No    (If no, please explain on a separate sheet.)Do you meet the definition of an Approved Supervisor, as defined in in the Mental Health Counselor Application Guide? Yes x No   

I attest under the pains and penalties of perjury that the information above is true and correct to the best of my knowledge. I also understand that if any of the information above is inaccurate, I may be subject to disciplinary action by the Board.

John Doe

Signature of Approved Supervisor

02/02/2021

Date

POST-MASTER'S DEGREE CLINICAL EXPERIENCE FORM**Applicant's Post-Master's Degree Clinical Experience Attestation**

- To be completed by the applicant based on totals from all Post-Master's Degree Clinical Experience Forms.
- Please and Mental Health Counselor Application Guide on the Board's website for application requirements.

| Total Hours (Max. 35 Hours/Week)* | Total Weeks<br>(First Column ÷ 35) | Total Clinical Hours | Total Clinical Hours<br>Individual in Nature | Individual Supervision<br>Hours | Group Supervision<br>Hours |
|-----------------------------------|------------------------------------|----------------------|--|---------------------------------|----------------------------|
| 3,465                             | 98                                 | 1,000                | 700  | 80                              | 93                         |

\*This is the total hours worked during all post-master's degree experiences, which must be based on no more than 35 hours worked per week.

**Supervision Ratio**

80+93=173

Total Clinical Hours 1000 ÷ (Divided By) 173 Total Supervision Hours (Individual + Group) = 5.8 (Must Equal 16 or Less)

**Applicant's Attestation**

I attest under the pains and penalties of perjury that I completed my post-master's degree clinical experience hours in a period of no less than 96 weeks (48 weeks each year for two years), and that the total hours calculations above are true and correct to the best of my knowledge.

Jane Smith  
Signature of Applicant

2/19/21  
Date

## **Common Application Errors**

1. Starting Post-Master's experience prior to the completion of all educational requirements.
2. Not carefully reading instructions, particularly on the Post-Master's Experience form.
3. Incomplete forms, particularly Post-Master's Experience forms (e.g. no dates listed, supervisory questions not checked).
4. Submission of older versions of forms.
5. Submission of unnecessary information, like evaluations.
6. Submission of experience that occurred in a private practice.
7. Not having enough supervision time with an LMHC.
8. CORI Form not notarized.
9. Crossing out parts of the forms as not applicable.
10. Uploading items that must be mailed or emailed directly to the Board (e.g. transcripts, NCMHCE score reports that occurred outside of MA, letters of standing).