**Am I Eligible for MA**

**Licensed Mental Health Counselor (LMHC)?**

*Review the requirements for eligibility before you start your application for LMHC.*

1. You have 60 semester credits or 80 quarter credits in graduate school

and took the required coursework

## YES

*No-Must complete*

*Pre-Master prerequisite*

**NO**

1. You have a [Pre-Master’s internship](file:///C:\Users\Erin.eMurphy\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\NLQ2760S\Pre-Masterâ€™s%20practicum%20and%20internship) of

at least 7 weeks / 100 clock hours and a post-

practicum of 600 clock hours

## YES

*No-Must complete Master’s*

*Degree with at least 60 credits*

**NO**

1. You have completed [Post-Master’s clinical](file:///C:\Users\Erin.eMurphy\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\NLQ2760S\Post-Masterâ€™s%20clinical%20experience)

[experiences](file:///C:\Users\Erin.eMurphy\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\NLQ2760S\Post-Masterâ€™s%20clinical%20experience)

of 3360 hours

## YES

*No-Must complete*

*Post-Master’s requirement*

**NO**

1. You passed the National Clinical Mental Health Counseling Examination (NCMHCE)

*No-Must pass the NCMHCE Exam*

**NO**

## YES

You may apply for a Mental Health Counselor License (LMHC) in MA

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| **Before you apply, gather the following:** |
| * [**2x2 passport style color photo**](https://travel.state.gov/content/travel/en/passports/how-apply/photos.html) * **Graduate transcript sent directly from your school** * **Completed** [**Pre-Master's Degree and Education form**](https://www.mass.gov/doc/licensed-mental-health-counselor-application-guide-pdf/download) **(not required for reciprocity)** * **Completed** [**Post-Masters Clinical Experience forms**](https://www.mass.gov/doc/licensed-mental-health-counselor-application-guide-pdf/download) **(signed by supervisor, not required for reciprocity)** * **Score Report of National Clinical Mental Health Counseling Examination (NCMHCE)** * **VALOR Act -Military Status documentation (if applicable)** |
| **The following document is only in the licensing tool:** |
| * **Criminal Offender Record Information (CORI) form must be signed and notarized**   **Tool Location:** [Health Professions Licensing System](https://healthprofessionlicensing.mass.gov/login-register) |

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**Massachusetts**

**Licensed Mental Health Counselor Application Information**

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| **State of Massachusetts Licensed Mental Health Counselor Licensure Application Information** |
| **Application Fee** - $117.00  **Application Link**: <https://healthprofessionlicensing.mass.gov/>  **Support:** [https://www.mass.gov/how-to/apply-for-a-license-allied-mental-](https://www.mass.gov/how-to/apply-for-a-license-allied-mental-health-and-human-services-professions) [health-and-human-services-professions](https://www.mass.gov/how-to/apply-for-a-license-allied-mental-health-and-human-services-professions)  **Contact us:** [amh.board@mass.gov](mailto:amh.board@mass.gov) or (617) 973-6199 |
| **Initial License Eligibility Requirements** |
| *Please ensure you have met all requirements for licensure:*   * **You have 60 semester credits or 80 quarter credits in graduate school, and you took the** [**required coursework**](https://www.mass.gov/doc/licensed-mental-health-counselor-application-guide-pdf/download) * **You have completed Pre- and Post Master’s Degree Education and**   **Clinical Experience requirements**   * **You passed National Clinical Mental Health Counseling Examination (NCMHCE)** |
| **Reciprocity Requirements** |
| *Reciprocity Applicants must meet the following requirements:*   * **Licensed at an independent level (not required to be supervised) as a mental health counselor or the equivalent in another state** * **Worked full-time, or the equivalent part time, for 3 years in another state while licensed in that state as a licensed mental health counselor or the equivalent at an independent level** * **You have 60 semester credits or 80 quarter credits in graduate school,**   **and you took the** [**required coursework**](https://www.mass.gov/doc/licensed-mental-health-counselor-application-guide-pdf/download)   * **You passed National Clinical Mental Health Counseling Examination (NCMHCE)** |
| **Checklist Items** |
| *Please gather the following details prior to beginning the application:*   * [**2x2 passport style color photo**](https://travel.state.gov/content/travel/en/passports/how-apply/photos.html) * **Signed & notarized Criminal Offender Record Information (CORI) form** * **Pre-Master’s Degree Experience & Education Form *(Initial License Only)*** * **Post-Master's Degree Clinical Experience Form *(Initial License Only)*** * **NCMHCE Score Report** |
| **If you have military status (veteran, spouse of active military or active military)** |
| *Please gather the following details prior to beginning the application:*   * **VALOR Act: Military Status Documentation** |
| **If you have ever held a professional license or certification** |
| *Regardless of expiration status or profession, primary source proof of status must be sent separately*   * **Licensee details (license number, date obtained, state of origin, etc.)** |

**Massachusetts**

**Licensed Mental Health Counselor Application Instructions**

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| **Demographics and Photo** |
| * Name, SSN, DOB, phone number, email, address * Color picture, white background, showing face & shoulders; size it to fit the white area |

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| **If veteran, active duty or spouse of active duty: Valor Act** |
| * Military status; upload supporting documents if needed   ***NOTE:* document must be notarized** |

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| **Professional and Criminal History Questions** |
| * Answer each attestation with Yes or No; Provide details for any “yes” responses   ***NOTE:*** If needed, upload any supporting documents, e.g., out of State CORI form |

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| 4 **Attestations** |
| * Select Yes or no to attest to board-approved domestic violence training   ***NOTE:*** If selected “no,” a link will appear to access to the training |

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**Initial Licensure Upload completed forms:**

**Select Application Type**

## OR

**Reciprocity Answer and Email:**

Pre-Master’s Document, Post Master’s Document(s), & Transcripts from Primary Source Institution (Email or Mailed)

Complete Attestation; Transcripts and License verifications from Primary Source Institution (Email or Mailed)

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| 6 **NCMHCE Exam** |
| * Drag and drop a score report showing you passed the National Clinical Mental Health Counseling Examination (NCMHCE) * ***NOTE:*** No other exam is accepted |

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| 7 **Licenses in MA and Other Jurisdictions** |
| * Enter any professional license details you have had, regardless of expiration status * ***NOTE:*** A primary source (e.g., Board, government authority) verification of licensure is required, even if your license is expired |

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| **Criminal Offender Record Information (CORI) form** |
| * Complete and upload a notarized\* CORI form, located in Health Professions Licensing System * ***NOTE:* The notarization date must match the signature date**   **\*Documents must be signed in front of the notary. Check banks, mailing stores, libraries, or online for notary services, and bring a valid photo ID.** |

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| **E-Signature & Submission** |
| * Attest that the information provided is truthful, accurate, and in compliance with Commonwealth of MA laws by typing your full name * Review application details for accuracy * **Submit Application** |

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| **Start Your Application in eLX** |
| **Login or Create an account**  [Health Professions Licensing System (mass.gov)](https://healthprofessionlicensing.mass.gov/login-register) |