

Michigan Education Equivalency Review

Application For LPC

**This application form is interactive.
Download the form to your computer to fill it out.**



3 TERRACE WAY
GREENSBORO, NORTH CAROLINA 27403-3660 USA
TEL: 336-482-2856 * FAX: 336-482-2852
www.cce-global.org * cce@cce-global.org

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1. Type or clearly print all information. Complete all sections.
2. Sealed, official graduate transcripts are required.
3. Include course descriptions copied from the academic catalog for the year in which the courses were completed.
4. Include completed Practicum/Internship Verification Form.
5. Complete the Payment Voucher with your credit card information or attach a personal check, certified check or money order payable to CCE.

Applicant's Name (First, Middle, Last)		Date of Birth
Address		
City	State	Zip Code
Telephone Number	Email Address	
Name of Educational Institution		
Address of Educational Institution		
City	State	Zip Code
Date of Admission	Date Degree Granted	
Level of Degree Granted	Discipline/Program Title	

SECTION 1

This section must be complete. Official transcript must be sent to CCE-MI Review, 3 Terrace Way, Greensboro, NC 27403.

I certify that _____ attended _____
 (Name of Applicant) (Name of Educational Institution)

from _____ to _____ and was granted a _____
 (Month/Day/Year) (Month/Day/Year) (Level)

degree in _____. I also certify that the length of this program contained at least
 (Discipline/Program Title)

48 semester hours or 72 quarter hours. I further certify that this program is accredited by:

CACREP **REGIONALLY ACCREDITED BY:** _____

A program that is not accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), must include coursework and training in the diagnosis and treatment of mental and emotional disorders and all other coursework requirements of CACREP, including practicum and internship requirements.

Please insert below the name of the course(s) and the corresponding course number(s) completed that cover the coursework requirements. Further, you must send a course description and syllabus for these courses to the Department for review.

Yes	No	DIAGNOSIS
		Course Name: _____ Course#: _____
Yes	No	TREATMENT OF MENTAL AND EMOTIONAL DISORDERS
		Course Name: _____ Course #: _____
Yes	No	PROFESSIONAL ORIENTATION AND ETHICAL PRACTICE
		Course Name: _____ Course#: _____
Yes	No	SOCIAL AND CULTURAL DIVERSITY
		Course Name: _____ Course #: _____
Yes	No	HUMAN GROWTH AND DEVELOPMENT
		Course Name: _____ Course #: _____

Yes No	CAREER DEVELOPMENT Course Name: _____ Course #: _____
Yes No	HELPING RELATIONSHIPS Course Name: _____ Course #: _____
Yes No	GROUP WORK Course Name: _____ Course #: _____
Yes No	ASSESSMENT Course Name: _____ Course #: _____
Yes No	RESEARCH AND PROGRAM EVALUATION Course Name: _____ Course #: _____
Yes No	PRACTICUM Course Name: _____ Course #: _____
Yes No	INTERNSHIP Course Name: _____ Course #: _____

SECTION 3

The courses taken and degree earned by _____ meets the requirements of the Michigan Public Health Code. (Name of Applicant)

Signature of Applicant

Date

Print or type name

Contact telephone number

