



# Board Certified Professional Counselor Application

## Personal Information

Circle one: Dr. Prof. Rev. Mr. Mrs. Ms. Miss Other \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Highest Degree \_\_\_\_\_ Job Title \_\_\_\_\_

How did you hear about BCPC? \_\_\_\_\_

If a license or certificate is required by the jurisdiction in which you practice, please provide the license/certificate number and state, and a copy of your license:

License/Certificate # \_\_\_\_\_ State of \_\_\_\_\_

List two professional references:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Credential Categories

**Current Member # \_\_\_\_\_ + Board Certified Professional Counselor**  
One time examination fee of **\$250**

**Board Certified Professional Counselor** (Please complete page two and sign where indicated.)  
One time examination fee of \$250 + 1<sup>st</sup> year maintenance fee = **\$415**

\$165 annual certification maintenance fee is due yearly to maintain your certification

**Maintenance fee includes yearly membership to American Psychotherapy Association**

Check here if you wish to decline membership (*Annual maintenance fee is still required to keep certification active*)

## Membership Categories (for membership only)

**Become a Student Member:** Annual dues **\$65** (must be enrolled in at least 9 hours/semester and provide proof of status)

**Become a Member:** Annual dues **\$165**

**Become a Life Member:** Never pay dues again **\$2,500**

Discount Code: \_\_\_\_\_ - \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

## Payment Information

Payment must accompany application. There is a \$75 administrative fee deducted for all cancelled and/or denied applications. (All returned checks will be assessed a \$25 NSF check fee.) There is no refund issued after an exam has been authorized.

Check enclosed (Please make check payable to: **American Psychotherapy Association**)

Money Order     MasterCard     Visa     American Express     Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Paid in Full

Payment Plan: A payment plan is available with a minimum down payment of \$150 and the balance must be paid in monthly payments (\$100 minimum) to your credit card. Online access to exams and any certificates will be issued upon full payment.

Installments: Please accept \$ \_\_\_\_\_ down payment and charge \$ \_\_\_\_\_ per month until balance is paid in full.

Signature: \_\_\_\_\_

Yes! Please sign me up for automatic dues renewal by credit card.

# Board Certified Professional Counselor Application

- ✓ To be considered for BCPC status, your score must total a minimum of **100 points** based on education, experience, knowledge, skill, and training.
- ✓ A copy of your resume, degree, license (if applicable), and other supporting documentation must accompany your application.

**Education:**

**Award points for the highest degree only.**

**Must have a minimum of a master's degree in the mental health field that is from a College or University.**

Award 60 points if you have a master's degree **OR**

Award 75 points if you have a doctorate degree.

**Points**                      **Score**

\_\_\_\_\_

**Experience:**

**Must have at least 3 years of professional experience post master's degree in a counseling role.**

Award 10 points for each year of professional experience.

10x \_\_\_\_\_ = \_\_\_\_\_

**Knowledge:**

Award 25 points for each book you have authored, co-authored, or edited.

25x \_\_\_\_\_ = \_\_\_\_\_

Award 15 points for each article you have authored or co-authored.

15x \_\_\_\_\_ = \_\_\_\_\_

Award 10 points for each paper you have presented at a professional meeting.

10x \_\_\_\_\_ = \_\_\_\_\_

**Skill:**

**A current license if required by your profession or jurisdiction.**

Award 25 points for each Board Certification, Diplomate or Fellow status, or professional license you presently hold.

25x \_\_\_\_\_ = \_\_\_\_\_

Award 20 points for any other significant award or honor you have received.

20x \_\_\_\_\_ = \_\_\_\_\_

Award 1 point for each case in the past 3 years that you have personally counseled and achieved a favorable outcome.

1x \_\_\_\_\_ = \_\_\_\_\_

**Training:**

Award 1 point for each continuing education or continuing medical education credit earned within the last two years.

1x \_\_\_\_\_ = \_\_\_\_\_

**Other Points:**

Include other information about relevant activities. American Psychotherapy Association will factor that information in when evaluating the application for Board Certification. Specify how many points you feel should be awarded based on this information. Add these points to your total score.

Attach additional pages if necessary:

Other Points: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Points:** \_\_\_\_\_

I certify that the information I have provided to American Psychotherapy Association®, is true, correct, and complete. I am not providing misleading, false, or deceptive information. I understand that if I have provided misleading, false, or deceptive information, the association will pursue aggressive legal action. I may be asked to provide additional documentation. I understand that the American Psychotherapy Association reserves the right to verify any and all information that I provide. If I misrepresent my credentials, refuse to provide documentation at a later time if asked, or allow my membership with the American Psychotherapy Association to lapse, I understand and agree that my membership and/or certification status will be revoked and my membership terminated. If the documentation required for the credential or membership status for which I am applying is not received within 6 months from the date of application, I understand that no refund will be issued in the event of the cancelation or denial of my application. I agree that I will notify the American Psychotherapy Association in writing of any civil, criminal, or complaint that is made against me. I agree to hold harmless and indemnify the American Psychotherapy Association and its officers, directors, employees, and agents for any misrepresentation of my credentials and for all claims, loss, judgment, or expense. The American Psychotherapy Association does not endorse, guarantee, or warrant the work or opinions of any individual members. Membership does not imply licensing or registration by the organization of a member's qualifications, abilities, or expertise. The objective of the American Psychotherapy Association's publications and the activities that it sponsors are for informative and educational purposes. The views expressed by the authors, publishers, or presenters are their own views and do not necessarily reflect those of the American Psychotherapy Association. The American Psychotherapy Association does not assume any responsibility or liability for its members or subscribers' efforts to apply or use the information, suggestions, or recommendations made by the organization, publication resources, or activities.

**Yes No**

- Have you ever been convicted of a felony?
- Have you ever been disciplined, or are you currently under investigation, by a legal or licensing board? If yes, please explain on a separate sheet of paper.

By signing below, I agree to the terms stated above:

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

Print your name as you would like it to appear on your certificate. Print any designations (maximum of four) you would like to appear after your name on your certificate. (Designations must have documentation on file before they will be listed).

\_\_\_\_\_

**5 Easy Ways to Apply**

**Online at: [www.americanpsychotherapy.com/bcpc](http://www.americanpsychotherapy.com/bcpc) | Scan & Email to: [cao@americanpsychotherapy.com](mailto:cao@americanpsychotherapy.com)**

**Fax to: (417) 823-9959 | Call: (800) 205-9165 | Mail to: 2750 East Sunshine St, Springfield, MO 65804**