



Counselor, Social Worker & Marriage and Family Therapist Board

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Counselor Trainee Initial Application

Instructions to applicant:

1. Make additional copies of this form in the event you have more than one supervisor during the supervised practice time required for licensure.
2. This form must be filed at the **beginning** of the training experience.
3. Individuals must register practica and internships to be eligible for counselor trainee status.
4. During the training period, you must refer to yourself as a **Counselor Trainee**.
5. You must have one hour face-to-face supervision for each 20 hours of work.
6. **Please attach proof of enrollment in a practicum or internship for approval.**
7. Please allow 30 days for processing and check web site license verification for updates.

Part A: To be completed by supervisee

1. Name: (first, MI, Last)		DoB in MMDDYYYY		SSN or Student Visa #:	
2. Street Address:		City:	County:	State:	Zip:
3. Daytime Phone:		Email:		CT #: (office use only)	
4. Name of your LPCC-S supervisor:			Job title and license number of supervisor:		
5. Address of supervisor:			Daytime Phone #:		
			Email:		
6. Name, address and scope of practice of setting in which supervision is taking place:					
7. Describe the duties you plan to perform. Counselor Trainees Per rule 4757-13-01(A)(4)(c)&(d) a minimum of 40 hours of practicum and 240 hours of internship work consists of face-to-face client contact involving the delivery of clinical counseling services, which for internship includes the diagnosis and treatment of mental and emotional disorders.					
8. Dates of semester or quarter at this setting: Start Date: _____ End Date: _____					
University/College Name: _____					
(Attach a copy of student transcript or class schedule verifying the actual beginning and ending of the semester/quarter.)					

CAUTION: False, and/or misleading information provided by an applicant may result in the denial and/or permanent denial of a license.

9.	Do you hold any other licenses or certifications? <input type="checkbox"/> Yes <input type="checkbox"/> No LIC/CERT # _____ ISSUE DATE _____ EXPIRATION DATE _____ _____		
10.	Have you EVER been arrested, charged or convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes? This includes crimes that have been expunged IF there is a direct and substantial relationship to professional counselor practice. Please answer BOTH questions a and b.		
a.	A felony in Ohio, another state, commonwealth, territory, province, or country?	Yes	No
b.	A misdemeanor in Ohio, another state, commonwealth, territory, province, or country? (This does not include traffic violations unless they are DUI/OVI)	Yes	No
11.	Have you ever been found to be mentally ill or mentally incompetent by a probate court?	Yes	No
If you answered "Yes" to a box above, you are required to provide the Board with a written explanation of the events including the date, county and state in which the events occurred (attach a separate sheet to this application), and a certified copy of the indictment(s) or criminal complaint(s), plea(s), journal entry(s) from the appropriate court. A copy of the court docket or case summary does not meet this requirement.			
12.	Has any board, bureau, department, agency or other body, including those in Ohio, other than this Board, in any way limited, restricted, suspended, or revoked any professional license, certificate, or registration granted to you; placed you on probation; or imposed a fine, censure, or reprimand against you? Have you ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate, or registration?	Yes	No
13.	Have you ever, for any reason, been denied an application, issuance, or renewal for licensure, certification, registration, or the privilege of taking an examination required for any professional license, in any state (including Ohio), commonwealth, territory, province, or country?	Yes	No
14.	Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, certificate, or registration in lieu of or in order to avoid formal disciplinary action, with any board, bureau, department, agency, or other body, including those in Ohio?	Yes	No
15.	Have you been notified of any current investigation of you, or have you ever been notified of any formal charges, allegations, or complaints filed against you by any board, bureau, department, agency, or other body, including those in Ohio with respect to a professional license, certificate, or registration?	Yes	No
16.	Are you now or have you in the last 5 years been addicted to or used in excess, any drug or chemical substance including alcohol?	Yes	No
17.	Are you now being treated or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program?	Yes	No
18.	Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in practice as a professional counselor?	Yes	No
19.	Have you been notified of any proceeding to determine whether you may be subject to listing on the Sexual Civil Child Abuse Registry established by the Ohio Attorney General pursuant to section 3797.08 of the Revised Code, and/or are you listed on that registry?	Yes	No
20.	Are you required to register, under Ohio law, the law of another state, the U.S., or a foreign country, as a sex offender?	Yes	No
21.	Have you ever been discharged other than honorably from the armed service or from a city, county, state or Federal position?	Yes	No
If you answered "Yes" to questions 12-21, you are required to provide the Board with a written explanation and certified copies of any documents.			
22.	<p>Memo of Understanding: I have read the counselor licensure law and understand the rules and regulations that pertain to Counselor Trainee. I understand that I will have to submit the CT extension application each subsequent term of my practicum or internship. I further understand that any person who knowingly makes a false statement on the registration form is guilty of falsification under section 2921.13 of the Ohio Revised Code, a misdemeanor of the first degree.</p> <p>The Counselor, Social Worker and Marriage and Family Therapist Board is required to collect the social security numbers of all applicants. All parties to this Agreement understand that this information will be sent to the United States Department of Health and Human Services' National Practitioner Data Bank (NPDB), pursuant to Title IV of Public Law 99-660, the Healthcare Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act, as amended by Section 221(a) of the Health Insurance Portability and Accountability Act of 1996. Additionally, Ohio Revised Code Sec. 2301.373(E) may require disclosure to the local County Child Support Enforcement Agency. Therefore, you are required to fill in your social security number on the application. Failure to comply may lead to the denial of your application.</p>		
	_____	_____	
	Signature of Counselor Trainee	Date	