



Counselor, Social Worker & Marriage and Family Therapist Board

77 South High Street, 24th Floor, Room 2468
 Columbus, Ohio 43215-6171
 614-466-0912 & Fax 614-728-7790
 www.cswmft.ohio.gov & cswmft.info@cswb.ohio.gov

Counselor Trainee Extension Form

1. Name: _____					
2. Street Address: _____		City: _____	County: _____	State: _____	Zip: _____
3. Daytime Phone: _____		Email: _____		CT Registration #: _____	
4. I changed my LPCC-S: <input type="checkbox"/> Yes <input type="checkbox"/> No I added a LPCC-S <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, list your new or additional LPCC-S name below New Supervisor Name: _____ License #: _____ New supervisor start date: _____ Email: _____					
5. I changed my site: <input type="checkbox"/> Yes <input type="checkbox"/> No or ; I added a site <input type="checkbox"/> Yes <input type="checkbox"/> No ; any yes, list new site name and mailing address below. _____					
6. I changed my duties: <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, list new duties below. _____					
7. My duties include the diagnosis and treatment of mental and emotional disorders: <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="text-align: center;">Your internship report must include diagnosis and treatment of mental and emotional disorders under the supervision of a PCC-S for the board to accept your internship see rule 4757-13-01(A)(4)(d).</p>					
8. I enclosed a copy of my practicum or internship enrollment document with term beginning and ending dates: <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. My school forwarded a list of practicum and internship students, which documents my enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No					
10. My semester or quarter start date is: _____ End date is: _____ Your CT cannot be extended without one of these documents. School Name: _____					
11. Have you since becoming a CT been 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 <input type="checkbox"/> No <input type="checkbox"/>	
b. A misdemeanor in Ohio, another state, commonwealth, territory, province, or country? (This does not include traffic violations unless they are DUI/OVI)				Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. Are you now addicted to or using in excess, any drug or chemical substance including alcohol?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. Are you now being treated for a drug or alcohol addiction or participating in a rehabilitation program?				Yes <input type="checkbox"/> No <input type="checkbox"/>	

14. 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

If you answered “Yes” to questions 11-14, you are required to provide the Board with a written explanation and certified copies of any documents.

15. Memo of Understanding: I have read the counselor licensure law and understand the rules and regulations that pertain to Counselor Trainee. I further understand that any person who knowingly makes a false statement on the application form is guilty of falsification under section 2921.13 of the Ohio Revised Code, a misdemeanor of the first degree.

“By virtue of filling this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, and that the information given in this application is true, correct, and complete to the best of my knowledge. I hereby authorize the State of Ohio Counselor, Social Worker & Marriage and Family Therapist Board to verify any and all information contained in this application, including information maintained in applicable data banks, and to transmit this information to the licensing authority of the state to which this application is made. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure and practice, and law enforcement and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority.”

Signature

Date