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(Name of App	licant)	attended (Name of Educational Institution)
from to (Month/Day/Year)	(Month/Day/Year)	and was granted a (Level)
degree in(Discipline/Program		I also certify that the length of this program contained at least
48 semester hours or 72 quarter hour CACREP RE		this program is 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 telephor	ne number
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PLEASE NOTE

- All fees must be paid in U.S. dollars.
- All fees are nonrefundable and nontransferable.
- Review results will be sent six weeks after application receipt.
- You will be notified in writing of your status and informed if further information is needed.
- Please make check or money order payable to CCE.

METHOD OF PAYMENT

Applic	cant's Nam	e:		
Telep	phone:	DAY:		EVENING:
	Enclosed is a check or money order payable to CCE in the amount of \$150. Please charge the credit card listed below in the amount of \$150.			
	Card Type	: 🗌 VISA	MasterCard	American Express
	Name on	Card:		
	Account Number:			
		Card Security Code (fi	rom back of card):	
	Expiration Date:			
	Cardhold	er Signature:		Date (mm/dd/yyyy):

SUBMIT YOUR APPLICATION AND PAYMENT

- Mail: CCE C/O Deluxe First Citizens Bank Lockbox 96865 6125 Lakeview Rd., Suite 800 Charlotte, NC 28269
- Fax: 336-482-2852