



# **Colorado Education Equivalency Review**

## **For LPC and LPCC Application**

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Greensboro, NC 27403-3660  
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The Center for Credentialing & Education, Inc. (CCE), on behalf of the state of Colorado, performs the education equivalency review for licensed professional counselor candidates with degrees from educational programs not accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP). Any correspondence outside of the education equivalency review should be directed to the state of Colorado at 303-894-7800.

CCE's review is based on Colorado Rule 14 [Licensure by Examination (CRS 12-43-603)]. Colorado State Board of Licensed Professional Counselor Examiners Rules are available online at [www.colorado.gov/pacific/dora/Professional\\_Counselor](http://www.colorado.gov/pacific/dora/Professional_Counselor).

Applications will be held open for one year from the date of initial review. Please note that CCE cannot return or duplicate an application. Prior to submitting your application to CCE, please make a copy of it for your records.

## **How to Contact CCE**

**Telephone:** 336-482-2856

**Telephone Hours:** 8:30 am to 5 pm ET; 7:30 am to 4 pm CT (Monday–Friday)

**E-mail:** [cce@cce-global.org](mailto:cce@cce-global.org)

**Fax:** 336-482-2852

Send written correspondence to:

CCE

3 Terrace Way

Greensboro, NC 27403-3660

**Reviews are conducted in order of receipt and completed within six weeks. Failure to include all required items will result in the need for additional reviews. Each subsequent review takes six weeks from the date of document receipt.**

In order to protect candidates from miscommunication or misinformation, CCE asks applicants to submit in writing any questions regarding their education review. Questions can be sent via e-mail, postal mail or fax. CCE responds to all questions in the order they are received.

## **Applicant Appeal of CCE Review Results**

As an applicant for licensure education review, you have the right to appeal the findings on the education review completed by CCE. Please be aware that all applications for education equivalency review in Colorado are reviewed by CCE, which is the contracted agent for the Colorado State Board of Licensed Professional Counselor Examiners, and the credential review is based on the Colorado Code of Law, Section 12-43-601 et. seq, C.R.S. and Rule 14:4 CCR 737-I Colorado Board of Licensed Professional Counselor Examiners Rules. These requirements must be met in full.

After the Colorado Board reviews the documents and has made the final decision regarding the appeal, a letter will be sent from DORA to the applicant. It is the applicant's responsibility to send a copy of the letter received from the Board to CCE.

**Note:** CCE cannot proceed with the application until the letter is received.



# Colorado Education Equivalency Application

## Instructions and Required Items

1. This is a fillable application. Download the file to your computer to complete. 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 for \$150 payable to CCE.

**Name:** \_\_\_\_\_

**Please list any other names used on transcripts, licenses, etc.:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Business Telephone:** \_\_\_\_\_

**Gender:**  Male  Female **Social Security Number:** \_\_\_\_\_

### Education

(Please document additional related degrees on a separate sheet and include with application materials):

<b>Graduate Degree</b> (e.g. MA, MS, PhD)	<b>Name of College/ University</b>	<b>Date Degree Conferred</b>	<b>Major Study</b> (e.g., counseling, clinical mental health, addictions counseling)	<b>Number of Credit Hours Received</b> (Indicate semester or quarter hours)

<b>FOR OFFICE USE ONLY</b>	
REF#: _____	AMOUNT: _____
BATCH#: _____	DATE: _____

**Please answer the following questions regarding your counselor training program (CTP).**

If you answer “No” to any questions, please attach a letter of explanation which refers to the specific allowance in Colorado Rule 14 enabling equivalency to be established.

**Counselor Training Program (CTP) Information**

	YES	NO
The CTP was regionally accredited. Identify accrediting agency.	<input type="checkbox"/>	<input type="checkbox"/>
The CTP was a separate department or program.	<input type="checkbox"/>	<input type="checkbox"/>
The CTP had an identifiable full-time faculty with a department head/program head qualified to be a licensed professional counselor.	<input type="checkbox"/>	<input type="checkbox"/>
The CTP had an identifiable student body.	<input type="checkbox"/>	<input type="checkbox"/>
The CTP included examinations and grading procedures.	<input type="checkbox"/>	<input type="checkbox"/>
The CTP included courses in the eight content areas listed on the Coursework Verification Form.	<input type="checkbox"/>	<input type="checkbox"/>
The CTP included a practicum or internship of no fewer than 700 hours in the principles and the practice of professional counseling. (The Practicum/Internship Verification Form must be completed and the practicum/internship must appear on your transcript. If it does not, a letter from the department chair or the professor serving as practicum/internship supervisor or liaison will be required in addition to the form.)	<input type="checkbox"/>	<input type="checkbox"/>
The CTP included 48 semester hours (72 quarter hours) in a counseling master’s program or 96 semester hours (144 quarter hours) in a counseling doctoral program if enrolled prior to August 31, 2014, or 60 semester hours (90 quarter hours) if enrolled in a master’s program after August 31, 2014.	<input type="checkbox"/>	<input type="checkbox"/>

**Applicant Attestation:**

***I have read and understand Colorado Rule 14 [Licensure by Examination (CRS 12-43-603)]. My education program was not accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP) but meets all equivalency requirements established in Rule 14.***

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Colorado Education Equivalency Course Verification Form

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Instructions

1. Please print legibly or type.
2. Include an official sealed transcript(s) for all relevant graduate coursework (do not include undergraduate) or have transcript(s) sent directly from the registrar's office to CCE. If sent separately from your application, transcripts should be addressed to: CCE, 3 Terrace Way, Greensboro, NC 27403-3660.
3. Course descriptions for any courses you wish to have reviewed toward the requirements must be included with this form. **Course descriptions must be photocopied from the catalog for the year in which the courses were taken.**
4. This form must be completed in order for CCE to review your coursework. If CCE determines that the specified course does not fit the indicated category, your transcript will be reviewed for other course possibilities.

## Required Coursework

Only graduate-level courses are accepted. A course may not be used for more than one content area. A minimum of two semester hours or three quarter hours of coursework is required for each content area. Courses may be combined to fulfill a content area. Per Colorado Rule 14 [Licensure by Examination (CRS 12-43-603)], if you have not completed a course to satisfy each content area, you may request consideration of other suitable means of meeting this requirement. You should submit a letter from the department chair attesting that the requirement for education in the content area has been satisfied by alternative means and detailing the alternative means.

Content Area	Date Taken	Course Number	Credit Hours	Institution Where Course Was Taken
<b>1. Human Growth and Development</b> Includes studies that provide a broad understanding of the nature and needs of individuals at any developmental level, normal and abnormal human behavior, personality theory, and learning theory within cultural contexts.				
<b>2. Social and Cultural Foundations</b> Includes studies that provide a broad understanding of societal changes and trends, human roles, societal subgroups, social mores and interaction patterns, and differing lifestyles.				
<b>3. Helping Relationships</b> Includes studies that provide a broad understanding of philosophic bases of helping processes, counseling theories and their applications, basic and advanced helping skills, consultation theories and their applications, client and helper self-understanding and self-development, and facilitation of client or consultee change.				

Content Area	Date Taken	Course Number	Credit Hours	Institution Where Course Was Taken
<p><b>4. Groups</b> Includes studies that provide a broad understanding of group development, dynamics and counseling theories; group leadership styles; basic and advanced group counseling methods and skills; and other group approaches.</p>				
<p><b>5. Lifestyles and Career Development</b> Includes studies that provide a broad understanding of career development theories; occupational and educational information sources and systems; career and leisure counseling, guidance and education; lifestyle and career decision-making; career development program planning and resources; and effectiveness evaluation.</p>				
<p><b>6. Appraisal</b> Includes studies that provide a broad understanding of group and individual educational and psychometric theories and approaches to appraisal, data and information-gathering methods, validity and reliability, psychometric statistics, factors influencing appraisals, and use of appraisal results in helping processes.</p>				
<p><b>7. Research and Evaluation</b> Includes studies that provide a broad understanding of types of research, basic statistics, research report development, research implementation, program evaluation, needs assessment, and ethical and legal considerations.</p>				
<p><b>8. Professional Orientation</b> Includes studies that provide a broad understanding of professional roles and functions, professional goals and objectives, professional organizations and associations, professional history and trends, ethical and legal standards, professional preparation standards, and professional credentialing.</p>				
<p><b>9. Practicum/internship in the principles and practice of professional counseling</b></p>				

**Note:** For master's or doctoral degrees awarded prior to September 1, 1992, ONLY, no minimum number of semester (or quarter) hours is required and only seven of the first eight areas listed above are required. A 700-hour practicum/ internship is still required, and all other educational requirements still apply.



# Colorado Education Equivalency Practicum/Internship Verification

**Applicant Name:** \_\_\_\_\_

**NOTE:** If you enrolled in your degree program prior to August 31, 2014, and did not complete 700 hours in your practicum/ internship, you may submit evidence of post degree experience that may be accepted at the discretion of the board.

In chronological order, document the dates, hours, location and supervision information for each qualifying practicum/ internship experience. No fewer than 700 hours of quality practicum/internship is required.

<b>Institution/Place of Employment:</b> _____
<b>Address:</b> _____
<b>Director of Program:</b> _____ <b>Major Supervisor:</b> _____
<b>Dates</b>
<b>From (Month/Year):</b> _____ <b>To (Month/Year):</b> _____ <b>Total Hours:</b> _____

<b>Institution/Place of Employment:</b> _____
<b>Address:</b> _____
<b>Director of Program:</b> _____ <b>Major Supervisor:</b> _____
<b>Dates</b>
<b>From (Month/Year):</b> _____ <b>To (Month/Year):</b> _____ <b>Total Hours:</b> _____

<b>Institution/Place of Employment:</b> _____
<b>Address:</b> _____
<b>Director of Program:</b> _____ <b>Major Supervisor:</b> _____
<b>Dates</b>
<b>From (Month/Year):</b> _____ <b>To (Month/Year):</b> _____ <b>Total Hours:</b> _____

**Total number of hours of counseling experience provided by practica/internships:**

