

# Virgin Islands Application and Education Review

**for Licensure as a Professional Counselor,  
or Marriage and Family Therapist, or  
Substance Abuse Counselor  
Application**

**This application form is interactive.  
Download the form to your computer to fill it out.**



CENTER FOR  
CREDENTIALING  
& EDUCATION™

3 TERRACE WAY  
GREENSBORO, NORTH CAROLINA 27403-3660 USA  
TEL: 336-482-2856 \* FAX: 336-482-2852  
[www.cce-global.org](http://www.cce-global.org) \* [cce@cce-global.org](mailto:cce@cce-global.org)

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# US Virgin Islands Educational Equivalency Review

## INTERIM APPLICATION FOR LICENSURE

Title 27, Chapter 4a V.I.C. § 201-220b are the laws and rules that regulate mental health counselors, marriage and family therapists, and substance abuse counselors. Per § 206, the following minimum requirements must be met in order to submit an application:

- submit all information and documentation of credentials requested by the Board on the appropriate form as prescribed by the Board;
- pay a non-refundable fee;
- be at least 21 years of age, of good moral character, and not have been convicted of a felony or a crime of moral turpitude and must not be addicted to alcohol or drugs;
- produce certified transcripts verifying satisfactory completion of educational course work or academic degrees as required;
- have declared to the Board and agreed to continue the area of professional competence through a statement of profession intent, describing the intended use of the license, the client population with whom the application will work, the professional procedures the applicant plans to utilize, including the applicant's theoretical orientation and preferred intervention strategies; and
- have validated the competencies declared in the Statement of Professional Intent as well as demonstrated knowledge of the appropriate professional counseling field by passing a written examination given by the Board twice a year in the Virgin Islands at times to coincide with the exam date given by the National Certifying Boards of the respective disciplines in the United States whose exams are employed by the Board.

**§ 207. Licensed Substance Abuse Counselor (LSAC):** an individual who renders, for compensation, chemical dependency or addictions counseling or chemical dependency counseling or addictions counseling related services to an individual, group, organization, corporation, institution, or to the general public, who is trained and experience in chemical dependency counseling and addictions counseling, and who is licensed under this chapter to engage in the practice of chemical dependency and addictions counseling.

- Has met the requirements set forth in § 206;
- Hold a minimum of a master's degree in addictions counseling, professional counseling, counselor education, counseling psychology, community mental health or in a comparable field with a concentration in mental health and substance abuse, with graduate level coursework in each of the following:
  - Counseling Theory & Practice
  - Human Growth & Development
  - Lifestyle & Career Development
  - Group Dynamics, processes, counseling & consulting
  - Appraisal/Assessment & Testing of Individuals
  - Principles of diagnosis, treatment, planning & prevention of mental & emotional disorders & dysfunctional behavior
  - Social & cultural foundation / Multi-cultural counseling
  - Marriage and family counseling/therapy
  - Research & program evaluation
  - Professional orientation & ethics
  - Coursework in the core areas relating to the treatment of clients for alcohol and/or drug abuse.
- completion of a minimum of 2500 hours of post-master's professional counseling, of which 2000 involve direct clinical contact under the supervision of a Board approved supervisor and a minimum of 100 hours of clinical supervision;
- Passing score on the NCE/NCMHCE
- Passing score on a substance abuse/addictions exam accepted for certification in any state or territory of the United States, and;

- Proves that the education received by the applicant was received from an institution of higher education, which at the time the applicant graduated was accredited by the United States Department of Education and by an accrediting body recognized by the Council on Post-Secondary Accreditation, the Association of Specialized and Professional Accreditors, or can demonstrate equivalent course work at an institution of higher education located outside the United States, which at the time the applicant was enrolled and at the time the applicant graduated maintained a standard of training substantially equivalent to the standards of training of those institution in the United States which are accredited by a regional accrediting body recognized by the Council on Post-Secondary Accreditation of the Association of Specialized and professional Accreditors.
  - The applicant shall have received education and training from an institution or program of higher education officially recognized by the government of the country in which it is located as an institution or program to train students to practice as professional counselors or psychotherapists.
  - The applicant shall have the burden of establishing that the requirements of this paragraph have been met.
- The Board may require documentation, such as an evaluation by a foreign equivalency determination service as evidence that the applicant's graduate degree program and education are equivalent to an accredited program in the United States.
- Completion of a minimum of 5 CEUs, of which the following must be included: 3 clock hours of Ethics.

**§ 208. Licensed Marriage & Family Therapist (LMFT):** an individual who renders for compensation professional marriage and family therapy services to individuals, couples and families, singularly or in groups, whether such services are offered directly to the general public or through organizations, either public or private.

- Has met the requirements set forth in § 206;
- Has demonstrated to the Board the successful completion of a minimum of 60 graduate semester hours, including a master's or doctoral degree, with emphasis in marriage and family therapy, or a closely related field, and has completed a year of supervised practicum or internship and graduate-level course work, as prescribed by the Board's regulations in each of the following areas:
  - Dynamics of marriage & family systems
  - General counseling theory & techniques
  - Marriage therapy and counseling theory and techniques
  - Family growth and development
  - Social and cultural foundations of counseling
  - Contextual dimensions of marriage & family therapy (social trends, family life cycle development stages, human sexuality, ethnic diversity, psychosocial theory, family origin & blended family)
  - Psychopathology
  - Appraisal/Assessment & Testing of Individuals
  - Professional orientation & ethics
  - Research & program evaluation
- Has demonstrated to the satisfaction of the Board, the successful completion of no fewer than three years of post-academic degree experience in a professional setting including a minimum of 2,500 hours of professional counseling, as defined in § 201, of which 1,000 hours involve direct client contact marriage and family therapy, and a minimum of 300 hours of supervised experience under an approved supervisor.
- Passing Score National AMFTRB's MFT National Exam;
- Proves that the education received by the applicant was received from an institution of higher education, which at the time the applicant graduated was accredited by the United States Department of Education and by an accrediting body recognized by the Council on Post-Secondary Accreditation, the Association of Specialized and Professional Accreditors, or can demonstrate equivalent course work at an institution of higher education located outside the United States, which at the time the applicant was enrolled and at the time the applicant graduated maintained a standard of training substantially equivalent to the standards of training of those institution in the United States which are accredited by a regional accrediting body recognized by the Council on Post-Secondary Accreditation of the Association of Specialized and professional Accreditors.
  - The applicant shall have received education and training from an institution or program of higher education officially recognized by the government of the country in which it is located as an institution or program to train students to practice as professional counselors or psychotherapists.

- The applicant shall have the burden of establishing that the requirements of this paragraph have been met.
- The Board may require documentation, such as an evaluation by a foreign equivalency determination service as evidence that the applicant's graduate degree program and education are equivalent to an accredited program in the United States.
- Completion of a minimum of 5 CEUs, of which the following must be included: 3 clock hours of Ethics.

**§ 209. Licensed Professional Counselor (LPC):** an individual rendering, for compensation, of professional mental health therapy by means of observation, description, evaluation, interpretation counseling treatment and interventions, including psychotherapy, to effect modification of human behavior by the application of generally recognized professional counseling principles, methods and procedures for the purpose of preventing, diagnosing, treating, or eliminating mental, emotional or behavioral disorder or their symptoms, and the enhancing of interpersonal relationships, work and life adjustment, personal effectiveness, behavior and mental health.

- Has met the requirements set forth in § 206;
- Has demonstrated to the Board the successful completion of a minimum of 60 graduate semester hours in counseling, including a master's or doctoral degree in counseling that includes a practicum or internship in a counseling setting and course work in each of the following areas:
  - Counseling Theory & Practice
  - Human Growth & Development
  - Lifestyle & Career Development
  - Group Dynamics, processes, counseling & consulting
  - Appraisal/Assessment & Testing of Individuals
  - Principles of diagnosis, treatment, planning & prevention of mental & emotional disorders & dysfunctional behavior
  - Social & cultural foundation / Multi-cultural counseling
  - Marriage and family counseling/therapy
  - Research & program evaluation
  - Professional orientation & ethics
- Has demonstrated to the satisfaction of the Board the successful completion of no fewer than three years of post-academic degree experience in a counseling setting, including a minimum of 2,500 hours of professional counseling as defined in section 201, of which 300 hours involve direct counseling, and a minimum of 300 hours of supervised experience under an approved supervisor;
- Passing score on the NCE/NCHMCE Exam;
- Proves that the education received by the applicant was received from an institution of higher education, which at the time the applicant graduated was accredited by the United States Department of Education and by an accrediting body recognized by the Council on Post-Secondary Accreditation, the Association of Specialized and Professional Accreditors, or can demonstrate equivalent course work at an institution of higher education located outside the United States, which at the time the applicant was enrolled and at the time the applicant graduated maintained a standard of training substantially equivalent to the standards of training of those institution in the United States which are accredited by a regional accrediting body recognized by the Council on Post-Secondary Accreditation of the Association of Specialized and professional Accreditors.
  - The applicant shall have received education and training from an institution or program of higher education officially recognized by the government of the country in which it is located as an institution or program to train students to practice as professional counselors or psychotherapists.
  - The applicant shall have the burden of establishing that the requirements of this paragraph have been met.
- The Board may require documentation, such as an evaluation by a foreign equivalency determination service as evidence that the applicant's graduate degree program and education are equivalent to an accredited program in the United States.
- Completion of a minimum of 5 CEUs, of which the following must be included: 3 clock hours of Ethics.

**§ 217. Endorsement:**

Applicants for licensure by endorsement who have been licensed in another state or territory of the United States must have the following:

- An active valid license in a similar profession in another jurisdiction where the requirements for licensure are equivalent to or exceed the requirements of this Territory.

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

- The Board shall review the applications for licensure under this chapter from individuals who earned a post-secondary degree from an educational institution outside the United States. The Board shall determine whether the applicant's experience and completed academic program meet the standards of a relevant academic program of an accredited educational institution within the United States and territories. If the applicant's experience and completed academic program meet such standards, the applicant must be considered to have received the education from an accredited educational institution as required by this chapter.

**FOREIGN EDUCATION:** For the Board to consider education completed outside the U.S. or Canada, documentation must be received which verifies the institution at which the education was completed was equivalent to a regionally accredited U.S. institution and the coursework met the content and credit hour requirement for graduate level coursework in the U.S. It is the applicant's responsibility to obtain an evaluation from a recognized foreign equivalency determination service that documents the acceptability of the coursework. The Board must receive an original evaluation mailed directly from the educational evaluation service.

### POST TENTATIVE EDUCATIONAL EQUIVALENCY APPROVAL BY CCE:

After tentative approval from CCE of the educational equivalency application, please review the following for your next steps in the licensure process.

**APPLICATION REVIEW/DETERMINATION PROCESS:** The Board meets on a monthly basis to review applications. Upon review and approval by the Board, an interim license will be issued. Interim licenses will be valid for a period of two (2) years from the date of issue. Interim licenses are valid for professional practice at the independent level. Notification of approval or denial will be provided via email within 30 days after Board meeting and application review. The Board reserves the right to request additional information as means of verifying items provided within this application.

**REQUIRED NCIC BACKGROUND CHECK:** The application process includes a national background check, a non-refundable application fee needs to be submitted along with your completed application.

**FEES:** Fee schedule is below. Please note all fees are non-refundable, non-transferrable.

- Non-refundable education application fee of \$170.00 to CCE for educational equivalency review processing. (This fee is to be submitted with this educational equivalency application).
- Non-refundable background check fee of \$100. Please make payable via check or money order to Interscope Security. Email address [Interscopeinvestigations@yahoo.com](mailto:Interscopeinvestigations@yahoo.com). Telephone: (340) 513-1976.
- Non-refundable DLCA license fee of \$200. Please make check or money order payable to: *The Government of the Virgin Islands*.

**BACKGROUND INVESTIGATION AUTHORIZATION & SECURITY CLEARANCE FORM**

**DEPARTMENT OF LICENSING @ CONSUMER AFFAIRS** requires that a background reference check be conducted on prospective employees, independent consultants, contractors, and agency temporary workers. Please provide the information requested below so that we may complete this investigation.

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

Please list other names which you have been known so that we may adequately verify your identity, employment, educational and/or credit history: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Contact # Home: \_\_\_\_\_ Cell: \_\_\_\_\_

If you have lived at your current address for less than three (3) years, include your pervious address:

\_\_\_\_\_  
\_\_\_\_\_

My Date of Birth is: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)

National ID or SS# \_\_\_\_\_ Driver's License# \_\_\_\_\_

I hereby, authorize **INTERSCOPE SECURITY & PRIVATE INVESTIGATIONS** and its licensed private investigator to conduct a background investigation and reference check of me. I understand that my employment, assignment, or engagement with The Company is contingent upon several factors including, but not limited to, the satisfactory results of this check, as determined by the Company. I understand that this background investigation and reference check may include but not limited to contacting and soliciting information about me from: personal references supplied by me, educational institutions, motor vehicle records, previous employers, business associates, law enforcement. I authorize the Company to make such inquiries as it may deem appropriate, and for them to supply information to the Company in response to such inquiries.

I also understand that The Company may, at any time, conduct occasional and periodic security reference checks and that my continued work with the Company is contingent upon the satisfactory results of these checks.

I hereby agree to hold **DEPARTMENT OF LICENSING & CONSUMER AFFAIRS AND INTERSCOPE SECURITY**, each of its employees and agents, each of the References and other third parties harmless in connection with such background investigations and reference checks and any information supplied in connection herewith.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

This information is requested for accurate verifications and will not be used for any other purpose. The Company prohibits discrimination in employee on the basis of race, color, creed religion, sex, national origin, disability, age, handicapped, marriage, sexual preference or nay other legally protected status.

Authorization \_\_\_\_\_

Date sent:

The results of this investigation are considered the property of The Company. You must honor our proprietary rights of the results, and must refrain from disclosing to our competitors or any third party. Unauthorized use of these results is strictly prohibited.

**\*REQUIRED DOCUMENTS\*: Completed Consent form, Copy of Driver's License, Copy of Passport, Fingerprint Card & USVI Police Record Check to fully complete background investigation and security clearance**

PLEASE ATTACH ALL REQUIRED DOCUMENTS, FAILURE TO DO SO MAY RESULT IN DELAYED PROCESSING.

**APPLICATION CHECKLIST:****Licensure by EXAM:**

(2) 2x2 passport size photos  
Copy of degree(s) (Master's and Doctorate, if applicable)  
Copy of government-issued identification (driver's license, passport, state identification card)  
Professional disclosure statement  
Proof of completion of required CEUs (certificates indicating subject, date and number of continuing education hours)  
Verification of practicum & clinical supervision (letter from site supervisor & clinical supervisor)  
1 reference letter on Good Moral Character / Moral Turpitude  
2 professional reference letters from 2 individuals in the field of counseling  
Official transcripts (sent directly from the educational institution)  
Official exam scores (sent directly from the testing company, i.e. NBCC, AMFTRB)

**Licensure by ENDORSEMENT:**

(2) 2x2 passport size photos  
Copy of government-issued identification (driver's license, passport, state identification card)  
Professional disclosure statement  
Proof of completion of required CEUs (certificates indicating subject, date and number of continuing education hours)  
  
1 reference letter on Good Moral Character / Moral Turpitude  
2 professional reference letters from 2 individuals in the field of counseling  
Official verification/certification of license (sent directly from the licensing agency of any state or territory of the United States in which you currently hold an active professional license in good standing.  
Official Transcript  
Exam Scores

Application, official transcripts, fees and supporting documents can be mailed to:

The Center for Credentialing & Education  
C/O First Citizens Bank, Lockbox 96865  
6125 Lakeview Road, Suite 800  
Charlotte, NC 28269

Any additional questions, please call 336.482.2856 or email [cce@cce-global.org](mailto:cce@cce-global.org), re: Virgin Islands Review

US VIRGIN ISLANDS  
BOARD OF LICENSED COUNSELORS & EXAMINERS



**INTERIM APPLICATION FOR LICENSURE**

**I am applying for a license as a:**

- Professional Counselor                     
  Marriage & Family Therapist                     
  Substance Abuse Counselor

**I am seeking licensure via:**

- Examination                      **OR**                     
  Endorsement /State: \_\_\_\_\_

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last                      First                      M.I.

Firm/Corporation/Partnership/Organization Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Phone: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email: \_\_\_\_\_

**Professional History**

If you answer "Yes" to any question in this section, you must provide the Board complete details, including any available documentation. Additionally, if granted a license and at any point one of the following situations occur, I will notify this Board in writing within 7-10 business days.

Have you ever been denied a psychotherapy or counseling-related license or the renewal thereof in any state?  Yes  No

Have you ever been denied the right to take a psychotherapy or counseling related licensure examination?  Yes  No

Have you ever had a license to practice any profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?  Yes  No

Are you now, or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice or lack of professional competence?  Yes  No

Is there currently pending, in any jurisdiction, a complaint against your professional conduct or competency in a psychotherapy or counseling-related profession?  Yes  No

Have you ever been involved in, reprimanded for, or disciplined by an employer or educational institution for:

Acts of dishonesty, fraud, or deceit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lying on a resume or misrepresentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Academic misconduct, including acts such as cheating or plagiarism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Misconduct	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

**Education & Training**

If necessary, list additional educational programs on a separate page and attach to this application.

School Name: \_\_\_\_\_ Program: \_\_\_\_\_

Address: \_\_\_\_\_

Graduated:  Yes  No Degree Type:  Master's  Doctoral  Certificate Program

School Name: \_\_\_\_\_ Program: \_\_\_\_\_

Address: \_\_\_\_\_

Graduated:  Yes  No Degree Type:  Master's  Doctoral  Certificate Program

School Name: \_\_\_\_\_ Program: \_\_\_\_\_

Address: \_\_\_\_\_

Graduated:  Yes  No Degree Type:  Master's  Doctoral  Certificate Program**Work Experience**Fill out the following section documenting the past 5 years of employment history **OR**  attach a copy of your resume/CV to this application.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

**State Professional Licensure / Certification**Fill out the following section **OR**  attach an additional page documenting current active licenses in good standing to this application.

State/Organization: \_\_\_\_\_ Licensure Type: \_\_\_\_\_

Address/Phone: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State/Organization: \_\_\_\_\_ Licensure Type: \_\_\_\_\_

Address/Phone: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State/Organization: \_\_\_\_\_ Licensure Type: \_\_\_\_\_

Address/Phone: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

**Disclaimer and Signature**

*I attest, under penalty of perjury, that I am the applicant named in this application, that I have read and completed the contents thereof, and to the best of my knowledge and belief, all answers and statements are true and correct. I further agree to hold the Board, and DLCA free from any civil liability for damages or complaints by reason of any action that is within the scope and arising out of the performance of their duties which they may take in connection with this application and/or the failure of the Board to issue me said licensure. I understand the board may require additional verifiable documentation in order to ensure the meeting of all requirements upon review of your application. By submitting this application, I agree to undergo an NCIC background screening. Additionally, I understand that if issued a license, I must notify this Board of instances of any denial of counseling-related license(s), denial of right to take licensure examinations, revocation of an existing license to practice, become a defendant in civil litigation due to negligence, malpractice or lack of professional competence, any pending complaint against your professional conduct or competency in professional practice or instances of reprimand or discipline for acts of dishonesty, fraud, deceit, lying on a resume or misrepresentation, academic misconduct, including acts such as cheating or plagiarism, theft and/or sexual misconduct within 7-10 business days of occurrence. Additionally, if granted a license, I will return the license to the Board upon the revocation or suspension of my license.*

Signature of

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

STATE/TERRITORY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ (if applicable)

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_, by \_\_\_\_\_  
 (name of applicant)

(Seal)

\_\_\_\_\_  
Signature of Notary Public\_\_\_\_\_  
Print, Type/Stamp Name of Notary

Personally known: \_\_\_\_\_

**OR** Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

