

NORTH CAROLINA BOARD OF LICENSED CLINICAL MENTAL HEALTH COUNSELORS

7D Terrace Way, Greensboro, NC 27403
Phone: 336.268.6760 | Fax: 336.217.9450
www.ncblcmhc.org
Email: LCMHCinfo@ncblcmhc.org

PREDETERMINATION APPLICATION

<i>PLEASE PRINT IN INK OR TYPE</i>	
Full Name:	_____
Mailing Address:	_____ _____
Email:	_____
Phone:	_____

Instructions

Any individual interested in applying for licensure as a clinical mental health counselor or counselor associate may petition the Board for predetermination regarding whether the individual’s criminal history will likely disqualify the individual from obtaining a license.

Please submit this completed Predetermination Application along with the following documents to the Board:

1. **For North Carolina residents:** you are encouraged to submit your fingerprints via Live Scan. After Live Scan is complete, please send your completed Electronic Fingerprint Submission Release of Information Form to the Board (additional information and instructions are available at <https://www.ncblcmhc.org/Licensure/Applying/CBC>);
2. **For out-of-State applicants:** please take 2 fingerprint cards, Instructions for Completing the Applicant Fingerprint Card, and Authority to Release Information Form to your local law enforcement agency. After completing the fingerprinting, please mail the signed Authority for Release of Information form, 2 fingerprint cards, and the \$38 criminal background check fee (if not paid online) to the Board (additional information and instructions are available at <https://www.ncblcmhc.org/Licensure/Applying/CBC>);

You are required to pay for the cost of the criminal history record report. The Board will review your Application and inform you of its decision within 45 days after the Board receives your completed Predetermination Application, including your legal documentation/explanation and references, and criminal background check. Based upon your criminal history, the Board will make a predetermination as to whether your criminal history is likely to disqualify you from obtaining a license with the Board.

I have pled guilty to or been convicted of a criminal offense as follows:

Offense(s) _____

Where _____ Date _____
(City, State, Other)

Sentence (including active sentence, suspended sentence, supervised or unsupervised probation, work release, fine, community service, counseling, license revocation, suspension, reprimand, etc.) or adjudication of court.

Current status of sentence: _____

Please attach a detailed explanation of the circumstances surrounding the commission of the crime that led to the conviction, including any documentation you have surrounding the convictions, including completion of probation, jail, prison, or rehabilitation.

Please attach an explanation of what you have done since the conviction to rehabilitate yourself, including participation in drug or alcohol treatment and submit any supporting records.

Describe your current and employment history since the date of your conviction and submit any supporting employment records.

Please have one personal and one professional character reference submit an affidavit or letter directly to the Board office either via email or US mail to the address listed at the top of this form. Please direct them to label it as a character reference for your petition for predetermination.

Please list the two references with their contact information below:

Signature _____

Date _____