

# 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](http://www.cce-global.org) \* [cce@cce-global.org](mailto: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 \_\_\_\_\_ attended \_\_\_\_\_  
 (Name of Applicant) (Name of Educational Institution)

from \_\_\_\_\_ to \_\_\_\_\_ and was granted a \_\_\_\_\_  
 (Month/Day/Year) (Month/Day/Year) (Level)

degree in \_\_\_\_\_. I also certify that the length of this program contained at least  
 (Discipline/Program Title)

48 semester hours or 72 quarter hours. I further certify that this program is accredited by:

**CACREP**                      **REGIONALLY 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.

<b>Yes</b>	<b>No</b>	<p><b>DIAGNOSIS</b></p> <p>Course Name: _____ Course#: _____</p>
<b>Yes</b>	<b>No</b>	<p><b>TREATMENT OF MENTAL AND EMOTIONAL DISORDERS</b></p> <p>Course Name: _____ Course #: _____</p>
<b>Yes</b>	<b>No</b>	<p><b>PROFESSIONAL ORIENTATION AND ETHICAL PRACTICE</b></p> <p>Course Name: _____ Course#: _____</p>
<b>Yes</b>	<b>No</b>	<p><b>SOCIAL AND CULTURAL DIVERSITY</b></p> <p>Course Name: _____ Course #: _____</p>
<b>Yes</b>	<b>No</b>	<p><b>HUMAN GROWTH AND DEVELOPMENT</b></p> <p>Course Name: _____ Course #: _____</p>

<b>Yes</b> <b>No</b>	<b>CAREER DEVELOPMENT</b> Course Name: _____ Course #: _____
<b>Yes</b> <b>No</b>	<b>HELPING RELATIONSHIPS</b> Course Name: _____ Course #: _____
<b>Yes</b> <b>No</b>	<b>GROUP WORK</b> Course Name: _____ Course#: _____
<b>Yes</b> <b>No</b>	<b>ASSESSMENT</b> Course Name: _____ Course #: _____
<b>Yes</b> <b>No</b>	<b>RESEARCH AND PROGRAM EVALUATION</b> Course Name: _____ Course #: _____
<b>Yes</b> <b>No</b>	<b>PRACTICUM</b> Course Name: _____ Course #: _____
<b>Yes</b> <b>No</b>	<b>INTERNSHIP</b> 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 telephone number

