GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Board of Professional Counseling
899 North Capitol Street, NE, 1st Floor
Washington, DC 20002
(202) 724-4900

COMPLETION OF COURSE REQUIREMENTS FORM FOR **PROFESSIONAL COUNSELORS**

DEAR APPLICANT: If you are applying for licensure by a method other than "Endorsement," this form must be completed and submitted with your application materials.

Pursuant to Title 17 DCMR § 6602.2, an applicant for licensure to practice professional counseling in the District of Columbia must submit proof satisfactory to the Board of Professional Counseling that the applicant has completed sixty (60) semester hours or ninety (90) quarter hours in a college or university. Completion of these courses is r required without exception for all applicants for licensure.

Please provide the information requested below for each required college or university course. Your transcript(s) submitted with your application for licensure must substantiate the information provided below. Upon Board request, you may be required to provide course descriptions.

Required Course	School Name	Year	Course Title	Course ID	Semester Hours	Quarter Hours	Total Hours
Counseling Theory Practice							
Human Growth & Development							
Lifestyle & Career Development							
Group Counseling							
Appraisal, Assessment & Testing of Individuals							
Principles of Etiology, Diagnosis, Treatment, Planning & Prevention of Mental & Emotional Disorder & Dysfunctional Behavior							

Required Course	**School Name**	**Year**	**Course Title**	**Course ID**	**Semester Hours**	**Quarter Hours**	**Total Hours**
Social & Cultural Foundations Including Multicultural Counseling							
Marriage and Family Counseling							
Research & Program Evaluation							
Professional Orientation & Ethics							
Counseling Practicum or Internship							
Total Hours							