Professional Counselor Licensure Portability: An Examination of State License Applications

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Although professional counseling licensure portability has been a topic of interest for many years, limited empirical research has been conducted to examine state requirements to become a licensed professional counselor. To bridge this gap, state counseling license applications, including the District of Columbia, were investigated using descriptive statistics to determine similarities and differences. Results of this study determined that many states require coursework beyond Council for Accreditation of Counseling & Related Educational Programs (CACREP) standards, and there are numerous other factors beyond educational prerequisites that licensing boards consider when endorsing an applicant as a licensed professional counselor. Developing a central location to review applications is one recommendation discussed to address many of the individual states' concerns and requirements, organize uniform agreements on comportment behaviors, and improve client and professional counselor protection.

Keywords: **licensed professional counselor, licensure portability, state counseling license applications, descriptive statistics, CACREP**

States began licensing professional counselors 41 years ago. The first state to implement a counselor license was Virginia in 1976 (Bloom et al., 1990), and the last was California in 2009. Because each state independently licenses counselors, significant variances exist in educational, training, and supervision requirements for licensure (American Counseling Association [ACA], 2017). State-by-state criteria has created great variations in what a counseling license is called (i.e., Licensed Professional Counselor, Licensed Clinical Professional Counselor, Licensed Professional Clinical Counselor, Licensed Mental Health Counselor, Licensed Professional Clinical Mental Health Counselor, Licensed Clinical Mental Health Counselor, Licensed Professional Counselor - Mental Health; National Board for Certified Counselors [NBCC], 2017a). Further, a great diversity in examination requirements for state licensing also exists (e.g., National Counselor Examination [NCE], National Clinical Mental Health Counselor Exam [NCMHCE], Certified Rehabilitation Counselor Examination; ACA, 2017).

Since the beginning of the licensing process, counselor licensure portability, or the ability for a license to be easily carried elsewhere, has been an issue of discussion and continues to be a key trending topic in the counseling profession (ACA, 2017; Kaplan & Gladding, 2011; Kaplan, Tarvydas, & Gladding, 2014; NBCC, 2017b). However, complex legislature processes and differing requirements have led to licensure portability having limited success (Mascari & Webber, 2013; NBCC, 2017b). In fact, ACA (2016) provides a detailed list of state-by-state licensure requirements for professional counselors, which includes a description of the vast differences in licensure by endorsement for each state. Given that these divergent requirements are seen as impediments to counseling licensure portability (Bergman, 2013), it is surprising there is a dearth of literature related to comparing and contrasting jurisdictional requirements for professional counselor licensure.

Historical Perspectives

In 1974, the Board of Directors of the American Personnel and Guidance Association (APGA, now ACA) approved a position paper, "Licensure in the Helping Professions," and created a special

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committee to implement "the formulation and dissemination of model credentialing legislation for counselors" (Bloom et al., 1990, p. 511). As a result of these efforts, counselor licensing bills began in 1976. At the same time, the counseling profession's efforts to standardize and improve the preparation of professional counselors also were occurring. In 1973, the Association for Counselor Education and Supervision (ACES) adopted *Standards for Entry Preparation of Counselors and Other Service-Personnel Specialists* (Sweeney, 1992). In 1981, ACA established the Council for Accreditation of Counseling & Related Educational Programs (CACREP) to develop educational standards in training counselors. CACREP has been seen as "the national standard for counseling programs . . . [which] has set the profession on a path toward clear counselor identity through its process of preparation program accreditation" (Mascari & Webber, 2013, p. 16).

Currently, researchers (Mascari & Webber, 2013) and associations (ACA, NBCC) are promoting the idea that licensing and certification should be tied to graduating from a CACREP-accredited program. However, other researchers seem less supportive of this position because of the strain they believe CACREP accreditation places on educational institutions related to the need for additional faculty, curriculum changes, fees and site team expenses, and accreditation maintenance requirements (Cato, 2009; D'Andrea & Liu, 2009). Additionally, counseling psychology literature provides that restricting counselor licensure to graduating from programs that are CACREP-accredited only impacts the sustainability of professional counseling (Brady-Amoon, 2012; Hansen, 2012). In fact, the Council of Counseling Psychology Training Programs developed the Masters in Counseling Accreditation Committee (Kurpius, Keaveny, Kim, & Walsh, 2015), which eventually formed the Masters in Psychology and Counseling Accreditation Council (MPCAC). The MPCAC (2018) now provides an alternative accreditation for master's degree counseling programs. This example showcases a variation in counselor training (CACREP versus non-CACREP), which may contribute to complications related to licensure portability. Even though it is not possible to accurately identify every non-CACREP program for perspective, currently there are 738 CACREP-accredited programs (master's, doctoral, educational specialist; CACREP, 2017) and 50 MPCAC programs. Furthermore, NBCC and all 50 states provide alternative paths for both CACREP and non-CACREP programs. However, in an attempt to improve license portability, starting January 1, 2022, NBCC (2018) will require a master's degree or higher from a CACREP-accredited counseling program.

Licensure Portability Efforts

The 20/20: A Vision for the Future of Counseling initiative, a collaboration between ACA and the American Association of State Counseling Boards (AASCB), found that in order to advance the future of professional counseling, licensure portability is needed (Kaplan & Gladding, 2011). To answer this call, various agencies have established policies to address a counselor's ability to carry a license between states. ACA (2017) supports that a counselor who is "licensed at the independent practice level in their home state and who has no disciplinary record shall be eligible for licensure at the independent practice level in any state or U.S. jurisdiction in which they are seeking residence" (paragraph 7). Further, this portability policy allows for a state to require a jurisprudence examination based on the rules and procedures of that state.

Some organizations have found success in their advocacy efforts toward portability. In fact, AASCB has been on the forefront regarding "efforts to develop a seamless process for counselors to transfer their license without repeating the application" (Mascari & Webber, 2013, p. 17). AASCB (2017) provides that Delaware, Iowa, Kansas, Louisiana, Michigan, Oklahoma, Vermont, Ohio, Idaho, District of Columbia, and Utah have all adopted a 5-year endorsement process (if the counselor has worked 4,000 hours). This means that if a counselor in Utah meets the standard of agreement, they are able to obtain a license in Kansas. More specifically, AASCB (2017) provides that:

> A fully-licensed counselor, who is licensed at the highest level of licensure available in his or her state, and who is in good standing with his or her licensure board, with no disciplinary record, and who has been in active practice for a minimum of 5 years post-receipt of licensure, and who has taken and passed the NCE or the NCMHCE, shall be eligible for licensure in a state to which he or she is establishing residence. The state to which the licensed counselor is moving may require a jurisprudence examination based on the rules and statutes of said state. An applicant who meets these criteria will be accepted for licensure without further review of education, supervision and experiential hours. (AASCB, 2017, p. 3)

Additionally, to assist with licensed counselors, AASCB created the National Credential Registry to save and transfer portability-related documents between boards (Tarvydas & Hartley, 2009).

Most recently, AASCB has joined with NBCC, ACES, and the American Mental Health Counselors Association (AMHCA) in having completed a state-by-state analysis that resulted in a Joint Statement on a National Counselor Licensure Endorsement Process, which states:

> Any counselor licensed at the highest level of licensure for independent practice available in his or her state may obtain licensure in any other state or territory of the United States if all of the following criteria are met:
>
> 1. The licensee has engaged in ethical practice, with no disciplinary sanctions, for at least 5 years from the date of application for licensure endorsement.
> 2. The licensee has possessed the highest level of counselor licensure for independent practice for at least 3 years from the date of application for licensure endorsement.
> 3. The licensee has completed a jurisprudence or equivalent exam if required by the state regulatory body.
> 4. The licensee complies with ONE of the following:
>   a. Meets all academic, exam, and postgraduate supervised experience standards as adopted by the state counseling licensure board.
>   b. Holds the National Certified Counselor (NCC) credential, in good standing, as issued by the National Board for Certified Counselors (NBCC).
>   c. Holds a graduate-level degree from a program accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP).
>   (NBCC, 2017a)

The goal of this multi-agency portability policy was to establish "minimum licensure endorsement standards for public protection and moving the profession toward the future goal of unified education standards, examination requirements, and years of postgraduate experience" (NBCC, 2017a).

Although some states have agreed to licensure portability, the majority of states require applications to meet the specific rules of licensure in their state (AASCB, 2017). However, little attention has been paid to examining the differences in states' requirements to become a licensed professional counselor. The purpose of this manuscript is to bridge this gap in the literature by investigating the U.S. licensed professional counselor application forms. This included analyzing specific application requirements, such as historical disclosures (e.g., criminal history, drug and mental health history, ethical violations, malpractice proceedings) and educational prerequisites. This manuscript will identify common and uncommon requirements to become a licensed professional counselor and will identify specific jurisdictional standards that may impact licensure portability.

Methods

A descriptive design is often used to share quantitative descriptions in a manageable form (Trochim, Donnelly, & Arora, 2016). Essentially, this allows for the simplification of large amounts of data in a sensible way. State license applications consist of many elements and information gathering points. In order to understand the various similarities and differences among licenses, a detailed examination of the elements of the applications is needed. This study utilized a non-experimental descriptive design to provide a summary of data (Huck, 2011) related to the following broad research question: What are the similarities and differences between state professional counseling licensure applications?

From 2016–2017, the authors completed an extensive search for counseling licensure applications from all 50 states and the District of Columbia. This included the capture of states with multiple counseling licenses. State applications were obtained via online downloads. Once all applications were collected, the authors constructed a list of pertinent items after reviewing each application. Specifically, the first and second author independently reviewed each licensure application and created independent lists of key elements. These items were separated into broader categories that frequently followed major section headings on the applications. Each category was independent of the others. After the first review, the first and second authors compared their organization of items and refined their data collection points. These authors then reviewed the applications independently for a second time and once again compared findings. Common categories were identified as follows: supplemental documentation, licensure history, criminal history, alcohol or other drug history, mental and physical illness history, unethical and professional problems, organization history, malpractice history, employment/training history, fraud history, required supervised hours, and educational courses completed. Categories were then comprised of multiple elements representing more detailed information. For example, Maine labeled a prominent section "Criminal Background Disclosure." Within this section there were two questions: whether the applicant was convicted of any crime and whether there was any disciplinary action toward the applicant. For comparison, Idaho did not have a section clearly identifying criminal activity background, but did ask if the applicant had been convicted of a felony. In examples such as this, the first and second authors came to an agreement that a category of criminal activity was needed and questions such as the ones found on the Maine and Idaho applications would be placed within that category.

For a third time, these authors jointly compared the lists, made notes of discrepancies, discussed wording and language, and reached consensus (i.e., inter-rater agreement was 95%) for what each item would include. It is important to note that states often asked for similar information, but with different language. More specifically, states would often ask follow-up questions on the same topic. For instance, some states would only ask if another board ever licensed the applicant, whereas other states would provide a follow-up requirement that the applicant provide verification of license from another state board. After three organizational reviews and high inter-rater agreement was established, the third author began a process of reviewing each application to document frequencies for categories and items within those categories. During this process, the third author discovered errors, which the first and second authors discussed and addressed. The third author then conducted the frequency process for a second time to arrive at a final, error free frequency report for all included applications.

Results

Overall, 49 state license applications were reviewed and the District of Columbia (D.C.) was added for a total of 50 applications. To simplify, this study uses the term "states" to include D.C. and the 49 states in the review of license applications. Ohio was omitted from this research because of an online

process that required account creation. It was discovered that of the 50 states, 10 (Idaho, Illinois, Kansas, Maine, Minnesota, Nebraska, New Mexico, North Dakota, South Dakota, and Tennessee) have two distinct licenses that operate as a tiered approach to professional counselor licensure. To clarify, states utilizing provisional counseling licenses (e.g., Missouri) or associate designations (e.g., North Carolina) were not included, as they were determined to be a subset of a license or a path toward a license as opposed to a separate and distinct license found with multiple-tier licenses. In addition, states using levels of progression (e.g., Utah) or providing multiple types of counseling licenses (e.g., marriage and family, drug and alcohol, grief, supervisor designations) also were omitted to simplify the research. In short, second-tier licenses for this research focused on counseling licenses specific to mental health with the ability to practice independently and were uniquely separate from the first tier. This resulted in a total of 60 licenses specific to professional counseling reviewed in this research. Given the broad scope of information available, the researchers separated results into two areas: first-tier licenses from 50 states (i.e., 49 states and D.C.) and second-tier licenses from 10 states, which were typically identified with additional descriptors in the licensure title (e.g., Licensed Mental Health Counselor, Licensed Professional Clinical Counselor). Moreover, it was determined that second-tier licenses tended to require slightly more information from applicants related to more graduate training and post-training clinical direct and indirect counseling-related hours. Categories and tier license data can be found in Table 1.

First-Tier Licenses

A review of the licensure applications for first-tier professional counseling licenses revealed common trends in the licensure requirements for the 49 states and D.C. These included requiring: (a) educational requirements, (b) completed client direct and indirect counseling-related hours, (c) examination, (d) application fee, (e) supplemental documentation to the application (e.g., criminal background check, letters of reference, photograph, birth certificate, videotape of counseling session), and (f) attestation of the applicant related to past behaviors (e.g., state licensure history, criminal history, mental health history, ethical complaints against applicant, professional organization complaints against applicant, and liability insurance history).

Educational requirements. Of the 50 first-tier licenses reviewed, a total of 30 course-related topics were identified as required. Courses most frequently identified were connected to CACREP core curriculum standards. To point, both research and program evaluation and group counseling and group work (also identified as group dynamics on applications) were identified by 66% ($n = 33$) of the state applications. Other core standard–related education areas were assessment and appraisal at 64% ($n = 32$); human growth and development, professional counseling orientation and ethics, and social and cultural foundations at 62% each ($n = 31$); and finally career development at 60% ($n = 30$). After these seven CACREP core-related standards, there was a significant drop in representation. Helping relationships, which is the eighth CACREP core standard, was identified by 46% ($n = 23$) of the states, and counseling theories and techniques by 42% ($n = 21$). A third cluster of courses seemed to be more specialized, likely related to specialty areas in the 2016 CACREP standards. These included family counseling (24%, $n = 12$), substance abuse (20%, $n = 10$), diagnosis (20%, $n = 10$), psychopathology (18%, $n = 9$), and clinical supervision (16%, $n = 8$). A fourth and final clustering of courses seemed to be highly specific to a small number of states. For example, psychopharmacology and human sexuality were required by five states (10%), and even more finitely required were courses such as a course on the chronically mental ill (Washington) and a course on understanding HIV (Florida). Thus, when comparing the 50 state applications, 42% ($n = 21$) of the applications required all eight of the CACREP-related core standard courses. Interestingly, 22% ($n = 11$) of the applications required two or fewer of the eight CACREP-related core standard courses and 36% ($n = 18$) did not specifically note any of the core standards as required.

Table 1

State Licensure Frequency Report For Prominent Categories and Items

	State Licenses Tier 1 (n = 50)		State Licenses Tier 2 (n = 10)	
	n	%	*n*	%
Supplemental Application Documentation:				
Only NCE required	28	56%	0	0%
Only NCMHCE required	10	20%	10	100%
Both NCE and NCMHCE required	10	20%	0	0%
Either NCE or NCMHCE required	3	6%	0	0%
Application fee: $100 or less	15	30%	6	60%
Application fee: $101–$199	17	34%	3	30%
Application fee: $200+	14	28%	1	10%
Educational Courses:				
Group Dynamics	33	66%	8	80%
Research and Program Evaluation	33	66%	10	100%
Assessment and Appraisal	32	64%	9	90%
Human Growth and Development	31	62%	10	100%
Social and Cultural Foundations	31	62%	7	70%
Professional Counseling Orientation and Ethics	31	62%	8	80%
Career Development	30	60%	9	90%
Helping Relationships	23	46%	8	80%
Complete Attestation Regarding:				
Board/Licensure History:				
Refused a license/attestation	33	66%	4	40%
License suspended by board	29	58%	6	60%
License revoked by board	29	58%	6	60%
Disciplined by a board	27	54%	5	50%
Licensed by another board	24	48%	6	60%
Criminal History:				
Convicted of a crime (misdemeanor or felony)	38	76%	8	80%
Charged with a crime (misdemeanor or felony)	30	60%	3	30%
Ever been convicted of a felony	19	38%	6	60%
Criminal background check required	14	28%	1	10%
Medical/Mental Health/Alcohol and Other Drug History:				
General investigation of mental health problems	27	54%	3	30%
Impaired by alcohol/drugs and not able to perform professional duties	11	22%	3	30%
Ever diagnosed with an addiction/participated in addiction treatment	8	16%	2	20%
Unethical/Professional Organization/Malpractice History:				
Censured or judged guilty of any unethical practice	6	12%	2	20%
Professional membership denied	4	8%	3	30%
Professional membership revoked	3	6%	3	30%

State applications were varied in minimum required graduate training credits. Nearly all states cited CACREP training as a requirement, but the minimum number of hours required was nearly evenly split. A little more than half (54%, *n* = 27) of the first-tier licenses required a minimum of 60 semester credit hours, while 46% (*n* = 23) required a minimum of 48 semester hours. Additionally, CACREP language related to a specialty degree title was found. For example, Florida requires 60 semester hours and cites CACREP accreditation and core curriculum standards, but adds that the degree must be in mental health counseling with specific courses in substance abuse and human sexuality. Florida is not alone: Close to 75% (*n* = 37) of the applications note language specific to additional course topics and/or degree title needed from CACREP training.

Direct and indirect counseling-related hours. States ranged from 2,000 to 4,000 required counseling-related hours, with the most frequent prerequisite being 3,000 hours (62%, *n* = 31). Nearly all states noted postsecondary hours, but a few, Pennsylvania in particular, allowed for hours earned during training to be included. Overall, most had clear distinction not only with the number of hours required, but also the ratio of total hours and direct client hours (i.e., 3,000:1,500), whereas other states utilized a formula of sorts related to years worked. Georgia, for example, noted that direct experience must be a minimum of 600 hours per year, but the number of years was degree-dependent, such that an applicant with a master's would require 4 years (2,400 hours) and one with a doctoral degree would require one year (600 hours). Washington reduced the number of required postgraduate hours by 500 if the applicant graduated from a CACREP-accredited program. Still others only identified a total number of hours, or in the case of Florida, only direct hours. The bulk of states had relatively simple definitions for hours, such as South Dakota stating 2,000 total hours with 800 being direct. Others were more complex, such as California, which noted an applicant needed a minimum of 1,750 "direct psychotherapy" hours, a minimum of 500 "group counseling" hours, a maximum of 250 hours in "telephone counseling," a maximum of 250 hours related to administering tests and writing reports, and a maximum of 250 hours involved in workshops or other trainings. It also was found that there was a range of time frames associated with individuals completing their hours (i.e., 2 years minimum to 4 years maximum). To this point, Tennessee noted that an applicant needed "a minimum of 2 years of supervised post-masters professional experience," totaling 1,000 clinical hours, and the hours had to accumulate at a rate of no less than 10 hours per week.

Examinations. All states required some version of examination. Overall, the NCE was identified by a majority of the states (*n* = 41), with 23 states identifying the NCMHCE. In many cases, states only required the NCE (*n* = 28), whereas others only required the NCMHCE (*n* = 10). Some states (*n* = 10) gave the applicant a choice of completing either the NCE or the NCMHCE, while three states (Arkansas, Utah, Vermont) required the applicant to complete both examinations. It is important to note that there were six states that added a jurisprudence exam.

Application fees and supplemental documentation. A large majority of states required an application fee (92%, *n* = 46), but the amount varied. Fees ranging between $101–$199 were most frequent (34%, *n* = 17), followed by $100 and under (30%, *n* = 15), and $200 and over (28%, *n* = 14). The highest amount per application was $415, required by Minnesota. Application fees were rarely the only cost associated with an application for licensure. Along with national exam costs, an applicant can expect to pay for a jurisprudence exam or Center for Credentialing & Education (CCE) course equivalence reviews. CCE provides a service for state licensing boards, at the cost of the applicant, to review and evaluate completed courses as being a match to the state-specific required course topics. For example, if an applicant completed 48 credit hours from a CACREP-accredited program and then completed an additional 12 credit hours elsewhere (in order to meet a required 60 credit hours

of training), CCE would provide a recommendation to a state board regarding the quality of the courses. Along with application processing fees, applicants may be required to submit a photograph of themselves (36%, *n* = 18) or letters of recommendation (24%, *n* = 12). Unique requirements also existed. Rhode Island required a birth certificate and North Dakota requested a videotaped counseling session.

Attestation. All states required applicants to sign an attestation regarding past behaviors and experiences. The most common attestation focused on state licensure history as well as criminal history. Uncommon attestations related to applicants' mental health history and past unethical behaviors, sanctions by professional organizations, and liability insurance history.

Licensure history. Of the 50 states, most asked whether any previous license had been refused (66%, *n* = 33), suspended (58%, *n* = 29), or revoked (58%, *n* = 29). About half (48%, *n* = 24) of the states wanted to know if another board had licensed the applicant, with 79% (*n* = 19) of those states requiring verification of the previous license. Additionally, 27 (54%) states asked about discipline by a state board; however, few states probed further on these issues, such as asking about any pending investigations by a board (32%, *n* = 16) or complaints filed with a board (16%, *n* = 8). Along with problems experienced with any license, 10 states (20%) requested whether or not the applicant was prohibited from taking any counseling licensing exam. Only one application (West Virginia) specifically required attestation regarding previously failed licensing or professional exams, and two states (Delaware, Missouri) required applicants to attest to never providing deceptive information regarding licensure. Eighty percent (*n* = 40) of states did not query about malpractice settlement history or if the applicant was ever a defendant in legal action related to malpractice. Only one state (Iowa) queried about any pending malpractice actions, and Michigan was the lone state to request if the applicant had three or more malpractice settlements, awards, or judgments totaling $200,000 in consecutive 5-year time periods.

Criminal history. All states queried applicants about criminal background, yet there were limited requests for basic conviction or charge information. Thirty-eight states (76%) inquired about conviction of a crime (i.e., misdemeanor or felony), but fewer (60%, *n* = 30) inquired about being charged with a crime (i.e., misdemeanor or felony). Moreover, 72% (*n* = 36) did not require a background check. An even smaller group of states went a step further to ask about incarceration. Georgia, Indiana, Mississippi, and Utah asked if the applicant had "ever been incarcerated," with Michigan and South Dakota asking if the applicant had ever been convicted of a crime that would result in incarceration for more than a year. States infrequently pressed for more detailed information regarding conviction, such as information about being a defendant in criminal court (*n* = 4) or having expunged convictions (*n* = 3), pardons (*n* = 3), and/or diversions (*n* = 1). Indiana, for example, was the only state to ask if the applicant ever had a pre-trial diversion or deferred prosecution, and Delaware and D.C. were the only states to query if a felony had ever been expunged or pardoned.

Only three states emphasized criminal activity related to abuse. Illinois was the only state to question if an applicant had ever been charged with or convicted of an act that required registration as a sex offender and the only state to inquire about physical abuse toward a client. Kansas and Utah asked about physical, emotional, mental, and sexual abuse or neglect; however, they only connected these concerns to a government agency claim. No state required information about any sex offense. Ten percent of states (*n* = 5) asked if the applicant had been investigated related to acts or behaviors that violate community standards.

Ten first-tier license applications inquired if the applicant had ever been charged with driving under the influence. Alaska was the only state that inquired if the applicant had a DUI conviction in the past 5 years. Other states asked for different controlled substance conviction information, such as: ever found guilty of using, possessing, or distributing a controlled substance (Michigan, Oregon, and Pennsylvania); ever charged or convicted of violating a federal or state drug law (Missouri, New Mexico); or ever convicted of a crime involving drugs or alcohol (New Hampshire, North Carolina). Some states (Colorado, Michigan, New Mexico) required that applicants provide information to two or more of these controlled substance-related questions.

Mental health problems and treatment. The mental health history category includes alcohol or other drug history to simplify results. Most states (n = 27) were interested in mental problems experienced by the applicant. These interests ranged from drug and alcohol usage (e.g., impaired during professional duties, use of illegal drugs or non-prescribed controlled substances, addicted or abusing drugs) to specific disorders, as well as requesting information about treatment related to those problems and when the problems occurred (e.g., ever, in the past 2–10 years, currently). However, the depth of interest was limited. For example, two applications queried about ever being diagnosed with a mental disorder that involved potential health risk to the public, and ever being hospitalized for any mental or emotional illness. Furthermore, only six states (12%) inquired if the applicant had been impaired by a mental health issue and not able to perform professional duties. A handful of states, ranging from one to four, applied a time frame to mental health concerns impairing abilities or resulting in hospitalizations. To that point, Arizona inquired about an applicant, within the past 5 years, being hospitalized for emotional or mental illness, and Minnesota and North Carolina requested affirmation regarding a 5-year time frame for any "raised" issues related to drugs, alcohol, and mental disorders.

Although the majority of states (94%, n = 47) did not specify disorders of concern, there were three that required information about particular disorders and within a certain time frame. Minnesota specifically queried regarding diagnosis and treatment for mood disorders, schizophrenia, and psychotic disorders, all within a 10-year time frame. Arizona queried about similar disorders, but with a 5-year time frame, and Colorado did as well, except it did not include psychotic disorders. Interestingly, slightly more states (Mississippi, New Jersey, Tennessee, and Washington) were interested in the applicant being diagnosed or treated for paraphilia(s).

Contrarily, substance abuse disorder information was investigated more thoroughly by states across the country. Of the 50 first-tier applications reviewed, 22% (n = 11) requested if the applicant had ever been impaired by alcohol or other drugs and was not able to perform professional duties, and 16% (n = 8) asked if the applicant had ever been diagnosed with an addiction or participated in an addiction treatment program. As with mental health problems, substance use- and abuse-related questions varied in terms of time frame, definition of impairment, and specificity of information required. States wanted information about addiction ranging from 2 to 5 years all the way to "ever." They also varied in word choices, such as *illegal drugs*, *controlled substances*, *alcohol*, and *drugs*.

Unethical behaviors, professional organizations, and liability insurance history. The most infrequent category of attestation related to an applicant's unethical behavior, history with professional organizations, or issues with liability insurance. Six states (12%) requested that applicants attest to being censured or judged guilty of any unethical practice. This apparently vital attestation was unconnected to a licensing board or any other specific entity and was simply a standalone request. Aside from general unethical practice, a small handful of states wanted specific information related to professional

membership. No application identified specific organizations (e.g., state-specific or national counseling-related organizations) and only vague attestation was requested regarding denial of professional membership ($n = 4$), professional membership revoked ($n = 3$), professional membership suspended ($n = 2$), and professional membership limited ($n = 1$). It is interesting to note that Oklahoma queried about all four of these professional membership attestations. None of the 50 states asked if the applicant needed to resign from a professional society. New Hampshire and Utah were the only states to request information about liability insurance. Their request was detailed in that it was asked if liability insurance had been denied, revoked, suspended, reduced, limited, or not renewed.

Second-Tier Licenses

Ten states offered two counseling licenses (Idaho, Illinois, Kansas, Maine, Minnesota, Nebraska, New Mexico, North Dakota, South Dakota, Tennessee). These states represented differences to their first-tier counterparts. All together (60 first- and second-tier licenses), there were a total of 13 required supplemental items represented (e.g., birth certificate, application fee) and 137 attestation items related to nine broad categories (e.g., criminal history, mental health history, education history). The 50 first-tier licenses requested approximately 20% ($n = 2.65$) of the possible 13 supplemental items and nearly 14% ($n = 18.7$) of the possible 137 attestation items, whereas the 10 second-tier licenses requested slightly more information. On average, 24% ($n = 3.12$) of the supplemental items and 17% ($n = 23.3$) of the attestation items were noted on second-tier license applications. All of the second-tier licenses required 60 credit hours of training and at least 3,000 total hours of work post-degree. Moreover, all utilized "mental health" or "clinical" in the title and expected applicants to pass only the NCMHCE. By and large, these licenses followed similar frequency patterns as first-tier licenses with attestation items. However, there were differences nonetheless. For instance, the second-tier licenses were more likely to inquire specifically about felony conviction (38% of first-tier licenses vs. 60% of second-tier licenses), if child support was owed (16% of first-tier licenses vs. 50% of second-tier licenses), and if any problems were related to ethics or professional organizations (5% of first-tier licenses vs. 42% of second-tier licenses). Moreover, second-tier licenses required more frequent attestation with CACREP core curriculum (61% of first-tier licenses vs. 86% of second-tier licenses) and with specific courses, such as diagnosis (20% of first-tier licenses vs. 60% of second-tier licenses) and family counseling (24% of first-tier licenses vs. 60% of second-tier licenses). On the other hand, none of the second-tier licenses asked about consumer fraud–related items or problems experienced in training programs and were less likely to ask about general mental health issues (54% of first-tier licenses vs. 30% of second-tier licenses).

Discussion and Implications

Given the growing interest in counseling licensure comparisons (Bergman, 2013; Kaplan & Gladding, 2011; Mascari & Webber, 2013) and the apparent lack of research exploring differences in the licensure process, this study attempted to provide more detailed information that might impact the portability issue. Counselor licensure state portability has many impediments, but one is clearly evidenced in the heterogeneity with respect to required elements (e.g., supporting documents, hours, required courses, character, and psychological fitness). Counseling boards serve as the final arbiters of an applicant's suitability to practice counseling, yet there appears to be limited consensus regarding elements required on applications (ACA, 2017). As noted previously, counseling organizations have begun efforts to increase portability. In 2015, AASCB was successful in developing an agreement to transfer licenses between 11 states with similar requirements. More recently, in April 2017, NBCC (2017a) announced a statement laying the groundwork for possible portability efforts moving forward. This statement identified criteria so that one may obtain licensure in another state. However, as this

study discovered, most licenses remain disconnected and operate independently of one another. Moreover, limited evidence was found to confirm a seamless license transition between any states, including the 11 states identified via AASCB. A review of this study's findings will focus on categories noted in the results section and include implications for ease of reading.

Educational Requirements

It was clear from license application reviews that CACREP featured prominently. Graduating from a CACREP-accredited program and gaining knowledge from CACREP core curriculum standards were commonplace in all states. One would assume that with CACREP prominence in licensure applications there would be core curriculum standard representation in nearly 100% of states. However, the percentages of states identifying CACREP-related core curriculum standards were far from 100%; instead, CACREP core courses appeared in only 46–66% of the first-tier licenses. This investigation discovered that licenses often provided two paths regarding education. First, an applicant from a CACREP-accredited program could indicate completion of a degree and would not be required to provide proof of course completion or match courses to required training topics. For the second path, not graduating from a CACREP-accredited program, they would need to match training courses to a list of required topics. Interestingly, the applicant not from a CACREP program is essentially expected to meet about half of the CACREP core curriculum. As noted previously, 36% (n = 18) of first-tier licenses do not specifically require any of the CACREP core standards for those applicants needing to match training courses. This disparity complicates the matter of portability when one group of applicants is operating under different education requirements than another group.

Similar problems seem to exist regarding the CACREP-approved core curriculum requirements adding to a total of 48 or 60 credit hours. Certainly, if one graduated from a 48-hour program and wanted to obtain a license requiring 60 hours, more courses would be needed. Conversely, many licenses utilized the term *minimum* regarding credit hour requirements. Vermont, for example, noted the need for a psychopharmacology course, and Florida noted a specific course in human sexuality. Neither of these topics clearly fits into one of the eight CACREP core curriculum standards. There also were requirements for additional training, such as Washington needing a minimum of 4 hours of education in understanding the prevention of HIV. It appeared that in some cases, graduation from a CACREP-accredited program was not enough for a state license, and future applicants must anticipate additional coursework and training. Furthermore, all second-tier licenses required 60 hours of graduate coursework, but only about half of the first-tier licenses had this requirement. Thus, if licensed under a 48-credit-hour state, attempting to move into a 60-credit-hour state will be problematic.

Related to a general education theme was the lack of inquiries into graduate program behavior. Researching problematic behaviors in graduate training is an emerging trend (Duba, Paez, & Kindsvatter, 2010; Herlihy & Dufrene, 2011; Ziomek-Daigle & Christensen, 2010). As Brown-Rice and Furr (2013) discovered, 74% of counselors-in-training reported that a peer had exhibited problems with professional competence (e.g., psychological dysfunction, unethical behavior). Hence, it is imperative that states recognize the potential of significant concerns existing in the profession and investigate accordingly. One of the more surprising outcomes from this study was the finding that only three state applications (D.C., Florida, Minnesota) investigated disciplinary action related to graduate training. D.C. and Minnesota provided the most detailed inquiry regarding training programs (e.g., ever placed on probation, restriction, suspension, or revocation, or forced to resign from professional training not because of grade). Florida provided a more generalized request by querying about any disciplinary action from an educational institution.

Unfortunately, no evidence existed for a query related to more significant educational matters, such as dismissal from a program. Considering the reality that graduate programs for counselor training are likely the first place undesirable professional behaviors may be observed or recorded, it is potentially problematic that so few states would investigate this area. On one hand, the issue of portability cuts two ways regarding educational experiences. An applicant with less than the needed coursework and unseemly professional behaviors could be reasonably denied practice from one state to another. On the other hand, because an applicant was granted licensure in one state, that individual may be able to practice in a different state with limited vetting. In either case, the inconsistencies are a challenge worth addressing in the counseling profession.

Direct and Indirect Counseling-Related Hours

Nearly all states were consistent in clearly indicating a number of total hours and direct hours needed for licensure. Simultaneously, however, states specified a wide range of required hours. For example, Kentucky required 4,000 total hours with 1,600 being direct. Conversely, North Carolina required 3,000 total hours with 2,000 being direct. The difference of 1,000 total hours and 400 direct hours may not appear significant at first. The implication here is that the time needed to accumulate the deficient hours could take the applicant months to achieve, thus missing out on potential earnings. As the counseling profession grapples with portability, it will be important to determine a coherent plan to address hour requirement differences.

Examinations

The NCE and NCMHCE are widely used across all states. Having two required exams provides applicants with a simple message for needed exams. The challenge for an applicant is determining which exam to complete. If an applicant started working in D.C. and completed the required NCE, they would then need to complete the NCMHCE if they ended up working in Connecticut. Given the cost ($275 each for NCE and NCMHCE), the decision could be an expensive venture for an applicant. So while NBCC works to ensure that its exams are utilized by every state, portability remains sticky with considerable emphasis placed on the exam-of-choice decision for applications.

Application Fees and Supplemental Documentation

Similar to possible added examination costs are application expenses. Applicants can expect to pay an application fee, as 92% of states assign a cost to applying. Interestingly, cost per state application could range from no cost up to $415. Applicants also can expect to submit supplemental items, such as a photograph of themselves, letters of recommendation, a birth certificate, or a videotape of a counseling session. Although the authors believe states likely have sound reasoning behind their requirements, the issue of portability seems disjointed in regards to wide differences in fees and supplemental documentation. Common ground regarding cost of supplemental materials would expedite any portability process by simplifying the understanding of such a process.

Attestation

Licensure History. At the heart of portability is the applicant's previous experience. Surprisingly, approximately 40% of states did not inquire about a previous license being refused, suspended, or revoked. If agreed-upon standards for portability are to move forward, it is reasonable for states to expect consistent vetting of problematic licensure history. The concerning issue here is that an applicant may have moved between one or more states that did not include licensure history vetting. Said applicant with a problematic license history could move to states without license history vetting and subsequently engage in counseling practices, potentially impacting client welfare.

Criminal History. Although all applications for licensure inquired about criminal actions, often applications left the applicant room to determine whether they were convicted or charged with a relevant crime, whether the crime was a misdemeanor or felony, if the applicant pled guilty or were found guilty, and if convicted, for example, whether they *could* be incarcerated for more than a year. A small number of states inquired if the applicant was a defendant in a lawsuit related to the profession ($n = 3$), had a felony expunged or pardoned ($n = 2$), or experienced deferred prosecution ($n = 1$). Based on language in some applications, it is possible that there can be sentencing without conviction and that some criminal activities may go unchecked. Second-tier licenses seemed to be requesting more specifics in the area of criminal activity; however, there are obvious issues with portability. In any case, clarifying the nature of the information requested could be beneficial. Another potential area of concern was related to the question of being convicted of moral turpitude. As noted previously, only 10% of states ($n = 5$) deemed it important to investigate acts or behaviors that violate community standards or moral turpitude. In one respect, the broad definition of moral turpitude would seem to be common sense for inclusion in a counselor licensure application. However, the definition of moral turpitude could be so diverse across the country that behavior unacceptable in one state may be considered acceptable, insignificant, or simply ignored in another. This legal concept not only embodies a challenging theme related to defining these activities more uniformly, but also speaks directly to such important queries being avoided across most states.

Mental Health Problems and Treatment. States should be applauded for putting emphasis on important matters, such as mental health, alcohol or other drug issues, treatment, and even psychological fitness, but the frequency of that emphasis appeared to be limited and the breadth of defining mental health problems and treatment was mottled. As a whole, states were interested in mental health problems ranging from drugs and alcohol usage to specific disorders, as well as requesting information about treatment related to those problems. States also ranged in interest regarding when these problems occurred (i.e., ever, in the past 2–10 years, currently). Even though applications inquired about mental health problems, they often lacked investigation regarding the level of impairment from mental health problems. Few states inquired about significant mental health problems. For example, the large majority of states (88%, $n = 44$) did not inquire about schizophrenia, psychotic disorders, hospitalizations, or if an applicant had ever been declared a potential health risk to the public. Even fewer states (8%, $n = 4$) inquired about sexual misconduct issues, such as pedophilia and voyeurism. It would be intuitive to be cautious with a potential counselor with high impact disorders providing service to a client, and yet so few states are doing so. So while the ACA *Code of Ethics* (2014) notes the importance of client welfare and professional responsibility matters such as impairment, licensing boards are missing potentially risky conditions. This may be related to the fact that only 18 of 52 states (i.e., 50 states, District of Columbia, Puerto Rico) have adopted the ACA *Code of Ethics* (ACA, 2014). Also, it is important to note that states provide a check and balance of sorts, whereby a potentially troubling issue may be called into question by a state. Conversely, there is also a fundamental question about what the counseling profession views as the competent characteristics to practice. State licensure boards have an inherent problem with determining whether or not the inquiry fits, depending on the applicant. Or to the issue of portability specifically, one may be considered fit to practice in one state but not another.

Recommendations Regarding Licensure Portability Standards

Given the limited empirical literature regarding differences in states' requirements to become a licensed professional counselor, this article provides needed insight for professional counselors into the vast differences across states for licensure requirements. This examination has produced specific recommendations to enhance the success of professional counselor licensure portability across all

U.S. states. First, previous portability efforts have focused on proposing that if a counselor is licensed in one state then they should have portability to another state (ACA, 2017). Nevertheless, the results of the study would indicate that specific and consistent standards related to specific educational requirements, completed client direct and indirect counseling-related hours, examinations, and attestations are needed. Legislative bodies may be more inclined to incorporate universal standards if the criteria are more representative of their current licensure requirements.

While the AASCB, NBCC, ACES, and AMHCA joint statement provides the most specific licensure by endorsement requirements (NBCC, 2017a), our investigation of applications found missing elements that would be important to include or consider. To point, there is a reference to background checks in the statement; however, there is no specific language regarding criminal history included in the endorsement process. What is incorporated in the joint statement is applicants attesting that for a period of 5 years they have engaged in ethical practice and have no disciplinary actions. This lack of addressing the potential criminal history of applicants may cause some states not to be open to this endorsement policy. It seems prudent that language be added to a portability policy that includes guidelines regarding inquiring about criminal behavior. Further, the endorsement policy makes no reference to the number of counseling hours required for licensure. Although the joint statement does provide that an applicant must have a license for independent practice for at least 3 years, the results of our study show great differences in what states accept as appropriate licensure hours accumulated. Therefore, more specific direct and indirect hour requirements would assist with clarifying endorsement standards.

Our second recommendation relates to the formation of a task force to examine the area of mental health history and treatment in counselor licensure portability. Given the stigma related to mental health disorders, non-counselors (e.g., legislators) may not understand that having a mental health disorder or receiving treatment for a disorder does not in itself relate to a competency problem that would impede an individual's ability to practice. It would seem beneficial for the counseling profession to provide clear guidelines and uniform definitions and language so professionals who have or are currently experiencing mental health concerns (Zerubavel & Wright, 2012) are not overly restricted during the licensure process. On the other side, it is important for the counseling profession to provide reasonable restrictions related to mental health issues to protect the quality of care for clients.

Our final recommendation relates to the complex adjustments to language created by multiple legislative bodies. We propose a central hub for vetting professional counselor licensure applications. For example, an organization could be sanctioned with the task of vetting counselor applications much the same way CCE (n.d.) is sanctioned with vetting course equivalency for some state counseling licensure boards. A central hub for professional counselor license applications could provide state boards with a full-service provider model that could analyze specific application requirements related to hours, criminal history, drug use, mental health problems, malpractice, ethical violations, and educational prerequisites. Having a central location could address many of the individual states' concerns and requirements, plus more uniform agreements on comportment behaviors. In addition, the cost for utilizing this full service could be added to the application fee. Thus, licensing boards would be able to focus more on their main purpose, consumer protection.

Conclusion

In the forefront of counselor licensure portability efforts is the concept that professional counselor licensure should be joined to obtaining a degree from a CACREP-accredited program (ACA, 2017; Mascari & Webber, 2013; NBCC, 2017b). The results of our investigation determined that many states

require coursework beyond CACREP standards, and there are many other factors beyond educational prerequisites that licensing boards consider when endorsing an applicant as a licensed professional counselor. Therefore, our profession needs to continue to take a more encompassing view of licensure requirements and be in the forefront of developing common standards–related education requirements. Further, we need to determine universal criteria related to what is acceptable and unacceptable related to applicants' criminal history, comportment, drug use, mental health problems, malpractice history, and ethical standards. It is time for the counseling profession to take a more proactive stance and set the standards and a model for state licensure boards to utilize with confidence. We understand this task is challenging; however, it is feasible. Failure to take a more practical, encompassing stance regarding counselor licensure portability will result in members of our profession continuing to be frustrated by the anticipation of a comprehensive licensure portability process.

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