



LICENSURE PREPARATION PROGRAM NATIONAL CLINICAL MENTAL HEALTH COUNSELOR EXAMINATION (NCMHCE)

The Training Unit has a limited number of slots available at a discounted rate for the Mental Health Services Act (MHSA) - funded Licensure Preparation Program (LPP) to qualified public mental health staff (LAC DMH-operated and LAC DMH-contracted programs).

The following study package is available through the Association of Advanced Training in Behavioral Sciences (AATBS):

AATBS NCMHCE MATERIAL PACKAGE INCLUDES:

- Three Comprehensive Study Volumes
- 150+ Flashcards, Crisis Management Chart, and Theories of Psychotherapy Chart
- CasePro 3 months subscription - unlimited access, 2 full-length exams, and 20 Clinical Vignettes,
- Live Instruction Online Workshop
- One-on-One Coaching

MHSA WET Participant Price: \$50 (Retail Value: \$429)

Visit www.aatbs.com for more details about the package.

APPLICATION DEADLINE: When capacity is reached.

This workshop is to be taken on his/her own time

ELIGIBILITY:

- Must be in good standing with current employer; no disciplinary action within the last year
- Must have completed the required supervision hours
- **APPROVED BY THE LICENSING BOARD AND RECEIVED THEIR ELIGIBILITY NOTICE TO TAKE THE LICENSURE EXAMINATION**
- Has not previously participated in the MHSA WET-funded LPP for the NCMHCE; this package is available one time per individual

PRIORITY WILL BE GIVEN TO CLINICIANS WHO MEET AT LEAST ONE OF THE FOLLOWING CRITERIA:

- If applicable, license-waivered status with employer to expire within 12 months
- Previous attempt(s) at passing the NCMHCE
- The majority of work assignment is allocated to providing direct services in public mental health

INSTRUCTIONS:

1. **Scroll down** for the application form, which must be completed, scanned and emailed to mhsawet@dmh.lacounty.gov **along with documentation, indicating you have passed the APCC Law & Ethics Exam.**
2. Applications will be accepted until when capacity is reached.
3. An e-mail confirming receipt of application will be sent to all applicants.
4. Upon approval, participants will be given a website to register and pay the non-refundable fee of \$50 by VISA, MasterCard, American Express, Discover, or PayPal to AATBS.
5. AATBS will register participants for the study package and mail the study materials to the address provided on the application when payment is received.

All applications are reviewed. Submission of application does not guarantee approval.

CONTACT: MHSA WET E-mail: mhsawet@dmh.lacounty.gov



NATIONAL CLINICAL MENTAL HEALTH COUNSELOR EXAMINATION (NCMHCE)

Print or Type Only

TITLE: LPP NCMHCE Comprehensive Study Package

FIRST NAME:

LAST NAME:

JOB TITLE:

DISCIPLINE:

ETHNICITY:
(optional)

AGENCY:

PROGRAM:

CITY:

STATE:

ZIP:

PHONE #:

WORK E-MAIL:
(required for information)

LANGUAGE(S) FLUENCY:
(other than English)

PROVIDER # (Reporting Unit #):
(Required for LAC DMH Contracted Providers)

Service area(s) of employment: 1 2 3 4 5 6 7 8 Countywide

Have you previously taken the NCMHCE? Yes No

Is your license-waivered agreement with your employer expiring within 12 months? Yes No

Is the majority of work assignment allocated to providing direct services in public mental health? Yes No

Meets the following eligibility criteria to participate in the LPP:

Name of Applicant (Print)

- Currently in good standing with his/her employer with no disciplinary action in the last 12 months;
- Successfully completed the required supervision hours;
- Has been approved by the board to take the NCMHCE.
- Has not previously participated in the MHSA WET-funded LPP for the NCMHCE

Supervisor's Name

Supervisor's Signature

Date

Supervisor's Phone Number

Supervisor's E-mail

Agrees to the following terms and conditions:

Name of Applicant (Print)

- Participate in all offerings of the program.
- The workshop is to be taken on his/her own time.
- Provide the Training Unit with exam results and employment/promotional status information.

I have attached documentation indicating board approval to sit for the NCMHCE.

Applicant's Signature

Date

The Training Unit will provide participants with the registration contact information upon approval. Participants must register and pay the non-refundable discounted fee of \$50 by VISA, MasterCard, American Express, Discover, or PayPal.

Return Application to:

Email: mhsawet@dmh.lacounty.gov