

## CHECKLIST FOR MILITARY SPOUSE TEMPORARY PROFESSIONAL LICENSE

Effective January 1, 2022. Act 18 SLH 2021

**Please do not submit this form with your application. Keep it for your records.**

**Who:** Spouses accompanying an active military member on an official permanent change of station to a military installation located in Hawaii, who possess a license to practice in another jurisdiction of the United States as one of the following:

Acupuncturist	Licensed practical nurse	Physician assistant
Audiologist	Registered nurse	Podiatrist
Behavior analyst	Nursing home administrator	Psychologist
Dentist	Occupational therapist	Respiratory therapist
Dispensing optician	Optometrist	Social worker
Hearing aid dealer and fitter	Pharmacist	Speech pathologist
Marriage and family therapist	Naturopathic physician	Veterinary technician
Mental health counselor	Osteopathic physician	
Certified nurse aide	Physician	

**What:** A temporary license to practice for the duration of the active-duty military member's service in Hawaii, not to exceed a five-year period

FEES	
<input type="checkbox"/> Application Fee	Refer to application
<input type="checkbox"/> License Fee	Refer to application
APPLICATION	
<input type="checkbox"/> Complete forms	<b>Check the appropriate box on page 1 of application, indicating this application is for a temporary military spouse license.</b>
CRIMINAL HISTORY RECORD CHECK	
<input type="checkbox"/> Electronic Fingerprinting	<u>Only</u> necessary for: Licensed practical nurse Registered nurse
Please contact Fieldprint, Inc. at <a href="http://fieldprinthawaii.com">http://fieldprinthawaii.com</a> to make an appointment or inquire about other available site locations on the Continental United States, or call (877) 614-4361. The Fieldprint code that you must enter is: FPHIBrdNursing (not case sensitive). You will be required to submit a full set of electronic fingerprints for the purpose of obtaining federal and state criminal history record checks for processing with the Federal Bureau of Investigation. The applicant shall bear the cost of the fingerprint processing and the application shall NOT be considered complete until the results of the criminal history record check has been received by the Board. You must file your application for nurse license application within thirty (30) days of fingerprinting to ensure that the results can be obtained. If we are unable to obtain the results, you will have to go back and pay again to be re-fingerprinted. Questions may be directed to the Board's office at (808) 586-2695.	
PROOF OF ACTIVE DUTY MILITARY SPOUSE STATUS	
<input type="checkbox"/> PCS orders + <u>non</u> -military ID <u>OR</u> <input type="checkbox"/> Statement of Verification from personnel office + <u>non</u> -military ID	A military ID may be used as proof if presented for in person verification by licensing staff.

## PROOF OF LENSURE IN ANOTHER JURSDICTION

☐ License verification is required to be sent directly to the Board from each state or province in which applicant holds or has held a license.

**One year:** The license or certification by another jurisdiction must have been held for at least one year

**Good Standing:** The license or certification must be current, active, and in good standing without conditions or restrictions in all jurisdictions in which the person holds a license or certification.

## NATIONAL PRACTITIONER DATA BANK

☐ National Practitioner Data Bank (NPDB) Self-Query Response is required to be sent directly to the Board or Program. To obtain the report, go the NPDB website at: [www.npdb.hrsa.gov](http://www.npdb.hrsa.gov), and click on **Perform a Self-Query**. If you are unable to go on-line, call the NPDB at 1-800-6732 for assistance. The NPDB is now making your NPDB report available for download. Either the ORIGINAL hard copy that is mailed to you or an electronic version of the report will be acceptable. To send the electronic version, please, save the report as a .pdf file, attach it to the ORIGINAL email from the NPDB and email to the respective board/program.

## DISQUALIFIED

An applicant is ineligible for temporary licensure if:

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Applicant's license in another jurisdiction is <u>not in good standing</u>.</li><li>• Applicant's license in another jurisdiction is <u>under investigation</u> for licensing violations.</li><li>• Applicant's application for license in another jurisdiction has been denied.</li><li>• Applicant has been <u>censured</u>, or had <u>discipline imposed</u> by another licensing authority, the terms and conditions of which have not yet been satisfied.</li></ul> | <ul style="list-style-type: none"><li>• Applicant has <u>surrendered membership</u> on any professional staff in any professional association, society, or faculty while under investigation or <u>to avoid adverse action</u> for acts or conduct that would constitute grounds for disciplinary action in this State.</li><li>• Applicant has a <u>disqualifying criminal history</u> as determined by the State's licensing authority.</li></ul> <p><b>Applicants ineligible for temporary licensing may apply for licensure via the normal licensing process.</b></p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

A person licensed pursuant to this section shall be subject to the laws regulating the person's practice in this State and shall be subject to the jurisdiction of the licensing authority of this State.

## REQUIREMENTS & INSTRUCTIONS - MENTAL HEALTH COUNSELOR LICENSE APPLICATION

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

**NOTE:** Individuals using the title "Mental Health Counselor" or practicing "Mental Health Counseling" **ARE REQUIRED** to obtain a "Mental Health Counselor" license. Rehabilitation counselors, school counselors, educational counselors, and other counselors **ARE NOT** required to obtain a "Mental Health Counselor" license **UNLESS** they are using the title "Mental Health Counselor" or are practicing "Mental Health Counseling".

### APPLICATION FORM

Complete and sign the attached application form in black ink. Include a check for the application fee. Failure to provide all the requested information will delay the processing of your application. Applicants are subject to meeting all requirements in effect at time of filing. **There is no "reciprocity" (or recognition of Mental Health Counselor licensure) in another state.**

### SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. For a license to be issued you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.

The following laws require that you furnish your Social Security Number to our agency:

#### FEDERAL LAWS:

**42 U.S.C.A §666(a)(13)** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

#### HAWAII REVISED STATUTES ("HRS"):

**§576D-13(j), HRS** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

**§436B-10(4), HRS** which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

### DOCUMENTS IN A FOREIGN LANGUAGE

ALL DOCUMENTS must be in English. Documents that are in a foreign language must be translated in English. The translator must be someone other than the applicant. The translator must also submit an affidavit (see below example of affidavit). The affidavit must be signed before a notary public. **Attach** the translation and the affidavit.

**Example of translator's affidavit:** The following is an example of a translator's affidavit and contains all of the elements required.

"I swear that I am competent in both the English language and the \_\_\_\_\_ language (language of the document) and that this is a true and complete translation of the foreign language original."

### LICENSURE - EDUCATION, EXPERIENCE, AND EXAMINATION METHOD

The National Counselor Examination for Licensure and Certification (NCE) is computer based. Therefore, applications are accepted year round with no specific filing deadline. **All education, practicum and post-graduate experience MUST be completed prior to filing the application. Applications that lack supporting documents required for exam or licensure will not be considered.** After it has been determined that you are eligible to sit for the examination, you will be mailed further information regarding the exam and fee. For more information regarding the NCE examination, see [www.nbcc.org](http://www.nbcc.org) and [www.nbcc.org/stateboardmap](http://www.nbcc.org/stateboardmap).

(CONTINUED ON PAGE 2)

## EDUCATION

- (1) **Arrange** for an official graduate school transcript of your master's or doctoral degree from an accredited educational institution in counseling or in an allied field related to the practice of mental health counseling to be sent **directly** to our office. In addition, if you are listing graduate courses from additional institutions, have an official transcript sent **directly** to our office for each school. Transcripts may be sent by mail to the post office box listed below or electronically to counselor@dcca.hawaii.gov.
- (2) **Complete** the attached "Coursework Form", which shall verify completion of a graduate program that includes or is supplemented by **graduate level coursework** in counseling comprising a minimum of **48** semester hours **OR 72** quarter hours and include the subject areas listed below, with a minimum of 3 graduate semester hours or 5 graduate quarter hours in each subject area:
  - a) Human Growth and Development;
  - b) Social and Cultural Foundations;
  - c) Counseling Theories and Applications;
  - d) Group Theory and Practice;
  - e) Career and Lifestyle Development;
  - f) Appraisal of Human Behavior;
  - g) Tests and Measurements;
  - h) Research and Program Evaluation; and
  - i) Professional Orientation and Ethics.

Courses that are listed on the "Coursework Form" must be found on the graduate school transcript. **A course may be applied only once and may not be repeated in any of the other areas.** **Attach** the completed form to your application **along with a catalog description and syllabus for each course listed on the "Coursework" form.** Failure to provide a catalog description for **each** course listed will delay the processing of your application.

For University of Hawaii at Hilo (UHH) applicants: if you took any course numbered 699V or 799V, submit a copy of the "Directed Reading or Research Course Form" required from UHH. If you took any thesis course numbered 700 or 800, submit a copy of the "Thesis/Dissertation Form" required from UHH. Attach these completed form(s) to your application.

## PRACTICUM EXPERIENCE

Have your supervisor complete the attached "Practicum Verification Form", which shall verify the completion of at least **2** academic terms of supervised mental health practicum intern experience of a total of at least **6** graduate semester hours or **10** graduate quarter hours **in a mental health counseling setting**, with a minimum of **300** hours of supervised client contact. Please note that your supervisor is required to sign the form before a Notary Public and attach a brief summary of the duties that you performed during the practicum.

If you have had multiple supervisors, please duplicate the verification form.

**Attach** the completed form to your application.

## POST-GRADUATE EXPERIENCE

Have your supervisor complete the attached "Post-Graduate Verification Form", which shall verify completion of 3,000 hours of post-graduate experience in the practice of mental health counseling with 100 hours of face-to-face clinical supervision completed in **no less than two years and in no more than four years.** Please note that your supervisor is required to sign the form before a Notary Public and attach a brief summary of the duties performed during the post-graduate period.

**Attach** the completed form to your application.

### NOTICE TO ALL MENTAL HEALTH COUNSELORS REGARDING ACT 252

Act 252 (Effective July 5, 2007) allows an individual who graduated from an accredited educational institution as specified in HRS §453D-7 (a)(1) before July 1, 2007, to verify that the practicum intern experience and the post-graduate experience was completed by submitting written certification in place of the notarized experience verification forms.

For the practicum intern experience, an official of the institution of higher education must provide written certification attesting that the applicant completed the academic terms, graduate credit hours, and supervised client contact hours specified in HRS §453D-7 (a)(2) and that the applicant's practicum intern experience is equivalent to a mental health graduate level practicum program. The written certification must be on official letterhead from the institution of higher education.

(CONTINUED ON PAGE 3)



**POST-GRADUATE  
EXPERIENCE  
(cont'd)**

For the post-graduate experience, an officer and the clinical supervisor of the agency at which the applicant earned the post-graduate experience must provide written certification attesting that the applicant has completed the hours of experience and supervision in HRS §453D-7 (a)(2) within the time frame set forth in that subsection and that the applicant's post-graduate experience is equivalent to the practice of mental health counseling. The written certification must be on official letterhead from the agency where the applicant completed the post-graduate experience.

**PRACTICUM AND  
POST-GRADUATE  
SUPERVISOR**

**Your supervisor must be a person who is licensed as a mental health counselor, psychologist, clinical social worker, advanced practice registered nurse with a specialty in mental health, physician with a specialty in psychiatry, or a marriage and family therapist during the entire supervised period.**

**EXAMINATION  
REQUIREMENT**

**All applicants shall** pass the National Counselor Examination for Licensure and Certification (NCE). Once your application is approved you are eligible to register for the National Board for Certified Counselors (NBCC) NCE examination, and a registration form will be mailed to you.

The NCE registration form and exam fee **must be mailed back to NBCC** for you to take the NCE examination. Please allow NBCC approximately up to 4 weeks processing time. You will be notified of the scheduling process by email and postcard once your examination registration is processed. Candidates must test within 6 months of notification by NBCC.

**APPLICANTS WHO  
ALREADY PASSED  
THE NCE EXAM**

If you have already taken and passed the NCE examination, you will not be required to re-take the exam. Applicants must contact the National Board of Certified Counselors (NBCC) to have written documentation sent **directly** to our office. You may need to comply with the NBCC's policies and fees, if any.

Contact information for the NBCC:

Website: <http://www.nbcc.org>

Telephone: (336) 547-0607

**FEES**

**Attach** appropriate amount made payable to: Commerce and Consumer Affairs. (check must be in U.S. dollars and be from a U.S. financial institution.)

Application Fee (non-refundable) ..... \$ 60.00

**LICENSE FEES**

After all requirements are fulfilled, license fees will be due. Notification of amounts due will be sent to you at the appropriate time.

For license issued between July 1 (2020, 2023) and June 30 (2021, 2024)  
of the first year of the triennium pay ..... \$444.00  
(License fee - \$213 + Compliance Resolution Fund - \$129 + 2/3 renewal - \$102)

For license issued between July 1 (2021, 2024) and June 30 (2022, 2025)  
of the second year of the triennium pay ..... \$350.00  
(License fee - \$213 + Compliance Resolution Fund - \$86 + 1/3 renewal - \$51)

For license issued between July 1 (2022, 2025) and June 30 (2023, 2026)  
of the third year of the triennium pay ..... \$256.00  
(License fee - \$213 + Compliance Resolution Fund - \$43)

**NOTE:** One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.

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**LICENSE FEES  
(cont'd)**

*If for any reason you are denied the license you are applying for, you are entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.*

**GENERAL INFORMATION**

Applications may be submitted online at: <https://mypvl.dcca.hawaii.gov>. You may also submit your application by mail or hand-delivery.

**ADDRESS**

Mail to:

Mental Health Counselor Program  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801  
[hawaii.gov/dcca/pvl](http://hawaii.gov/dcca/pvl)

**OR**

Deliver to:

PVL Licensing Branch  
335 Merchant Street, Room 301  
Honolulu, HI 96813  
Phone: (808) 586-3000

**Instructions for "YES" Answers to questions (4) thru (6) of the Application for License (MHC-01)**

A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.

1. Questions 4 and 5 refers to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If you answer **"yes"** to one or more of these questions you must **submit** the following:
  - i. A detailed statement **signed by you** explaining the circumstances; and
  - ii. Copies of any documents from the agency, including final orders, petitions, complaints, finding of facts and conclusions of law, proof of payment of any fines, and any other relevant documents.
2. If your application indicates a criminal conviction you must **submit** the following:
  - i. A detailed statement **signed by you** explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employers name, description of duties, training attended, and educational courses attended; and
  - ii. A copy of all related court documents (i.e. indictments, judgements, guilty pleas, the court order, verdict, and terms of sentence); and if applicable, proof of payment of any fines and proof of fulfillment of conditions of each sentence; and

A current criminal history record check in your name from the state where the conviction occurred **and** the state where you currently reside if different. In Hawaii, you may obtain a criminal history record check from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building 456 S. King Street, Room 101, Honolulu, HI 96813. Ph: (808) 587-3100 or visit their website at: [ag.hawaii.gov/hcjdc](http://ag.hawaii.gov/hcjdc) to request a "Criminal History Record Check" form; and

- iii. If applicable, a copy of the terms of probation and/or parole and a statement from your probation or parole officer as to your compliance with the court orders.

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## **TRIENNIAL RENEWAL**

All licenses, regardless of issuance date, **shall be renewed triennially (every three (3) years) on or before June 30**, with the first renewal occurring on June 30, 2008. Failure to renew a license shall result in a forfeiture of the license. Licenses which have been forfeited may be restored within one year of the expiration date upon payment of the renewal and restoration fees. Failure to restore a forfeited license within one year of the date of its expiration shall result in automatic termination of the license. Persons with terminated licenses shall be required to apply for licensure as a new applicant.

It is the responsibility of the licensee to inform the Department in writing of any name or address change.

## **RELEASE OF INFORMATION**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

## **APPLICANTS WITH SPECIAL NEEDS**

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until you have been approved to sit for the exam.

## **LAWS & RULES**

To obtain a copy of the laws, Chapter 453D, Hawaii Revised Statutes, send a written request to Mental Health Counselor Program, Commerce and Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. Indicate the specific chapter in your request. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 453D.

The laws are also posted on our website at: **cca.hawaii.gov/pvl**. Click on "Mental Health Counselor". Then click on "Mental Health Counselor Laws and Rules (HRS/HAR)".

## **ABANDONMENT OF APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

# APPLICATION FOR LICENSE - MENTAL HEALTH COUNSELOR

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

☐ (Check box only if applying for:) **Temporary Military Spouse License**

Legal Name (First, Middle)		(Last)	FOR OFFICE USE ONLY	APPROVED: <input type="checkbox"/> Initial/Date:
Other Names Used (Include maiden name)				License No. Effective Date:
Residence Address (Include Apt. No., City, State and Zip Code)				MHC -
Mailing Address (ONLY if different from above)				
Social Security No.	Phone No. (Days)	Date of Birth		

Answer all questions and check your answers. If any response to questions 4 through 6 is "YES", refer to the instructions for additional documents that must be submitted with this application.

- 1) Are you at least 18 years of age? ..... ☐ Yes ☐ No
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... ☐ Yes ☐ No
- 3) Have you taken and passed the NCE examination? ..... ☐ Yes ☐ No
- If "YES", provide date verification was requested to NBCC:** \_\_\_\_\_
- 4) Have you ever been denied a certificate or license to practice mental health counseling? ..... ☐ Yes ☐ No
- 5) a. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? ..... ☐ Yes ☐ No
- b. Are there any disciplinary actions pending against you? ..... ☐ Yes ☐ No
- c. Have you ever been disciplined for an ethical violation by a state or by a professional association? ..... ☐ Yes ☐ No
- 6) Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ..... ☐ Yes ☐ No

**Complete the requested information below. Attach additional sheets if necessary.**  
**Failure to complete the requested information will delay the processing of your application.**

EDUCATION	Name of Institution	Major Course of Study	Date Degree	Name of Degree Conferred	Name of your Major
EXPERIENCE	Name & Address of Experience (Attach additional sheets if necessary)	List Your Duties	Dates (mo/day/yr)		Title of your Position
			From	To	

(CONTINUED ON PAGE 2)

Lic..... 765..... \$213  
CRF..... 763..... \$43/\$86/\$129

Appl..... 760..... \$60  
Renewal..... 767..... \$51/\$102  
Service Charge..... BCF..... \$25



Print Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Affidavit of Applicant:**

I certify that the statements, answers, and representations made in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 453D-12, Hawaii Revised Statutes).

I further certify that I have read, understand, and will abide by the provisions of Chapter 453D, Hawaii Revised Statutes, concerning Mental Health Counselors in the State of Hawaii.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Release of Information to Third Party:**

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including but not limited to, application status) to the following third party:

Print Name of Individual who is assisting you: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.