



BHUTAN BOARD FOR
CERTIFIED COUNSELORS™

Bhutan Board for Certified
Counselors
Application Form

Approved May 2019

*Please fill in all information completely using **BLUE** ink.
 BBCC policy prohibits placing degrees or titles on the certificate.
 BBCC holds applications open for a two-year period.*

This document is intended for use alongside the Guidelines for National Certification of Counseling Professionals in Bhutan as well as the Continuing Education and Clinical Supervision policies issued by the BBCC. It is recommended applicants and recertificants familiarize themselves with these documents

Please use your legal name.

First Name/MI: _____

Last Name: _____

CID No: _____

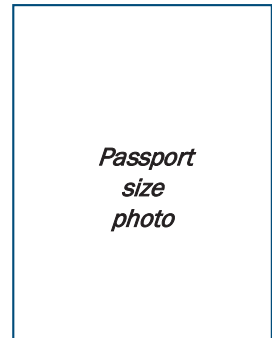
Permanent Address: _____

Contact Number: _____

Email: _____

Gender: M F **Date of Birth** (mm/dd/yy) _____

Nationality: Bhutanese Other: _____



Applying for:

NCC – Peer

<input type="checkbox"/> New applicant	<input type="checkbox"/> Recertification
<input type="checkbox"/> Security clearance certificate <input type="checkbox"/> Current curriculum vitae <input type="checkbox"/> Official transcripts/documents showing conferral of your degree(s) with a major study in counseling <input type="checkbox"/> Reference from a professional colleague <input type="checkbox"/> Letter from an endorsed Clinical Supervisor	<input type="checkbox"/> Security clearance certificate <input type="checkbox"/> Current curriculum vitae <input type="checkbox"/> Evidence of minimum 100 hours of continuing education <input type="checkbox"/> Evidence of clinical supervision <input type="checkbox"/> Letter from an endorsed Clinical Supervisor

NCC – ICAP

<input type="checkbox"/> New applicant	<input type="checkbox"/> Recertification
<input type="checkbox"/> Security clearance certificate <input type="checkbox"/> Current curriculum vitae <input type="checkbox"/> Official transcripts/documents showing conferral of your degree(s) with a major study in counseling <input type="checkbox"/> Certificate confirming ICAP Level 1 accreditation <input type="checkbox"/> Reference from a professional colleague <input type="checkbox"/> Letter from an endorsed Clinical Supervisor	<input type="checkbox"/> Security clearance certificate <input type="checkbox"/> Current curriculum vitae <input type="checkbox"/> Evidence of minimum 100 hours of continuing education <input type="checkbox"/> Evidence of clinical supervision <input type="checkbox"/> Letter from an endorsed Clinical Supervisor

NCC - Associate

<input type="checkbox"/> Social Work	<input type="checkbox"/> Organizational Behavior	<input type="checkbox"/> Clinical Counseling
<input type="checkbox"/> Psychology	<input type="checkbox"/> Human Services	<input type="checkbox"/> Guidance & Counseling
<input type="checkbox"/> New applicant		<input type="checkbox"/> Recertification
<input type="checkbox"/> Security clearance certificate <input type="checkbox"/> Current curriculum vitae <input type="checkbox"/> Official transcripts/documents showing conferral of your degree(s) with a major study in counseling <input type="checkbox"/> Evidence of minimum 100 hours of continuing education <input type="checkbox"/> Evidence of clinical supervision <input type="checkbox"/> Reference from a professional colleague <input type="checkbox"/> Letter from an endorsed Clinical Supervisor	<input type="checkbox"/> Security clearance certificate <input type="checkbox"/> Current curriculum vitae <input type="checkbox"/> Evidence of minimum 100 hours of continuing education <input type="checkbox"/> Evidence of clinical supervision <input type="checkbox"/> Letter from an endorsed Clinical Supervisor	

NCC - Masters

<input type="checkbox"/> New applicant	<input type="checkbox"/> Recertification
<input type="checkbox"/> Security clearance certificate <input type="checkbox"/> Current curriculum vitae <input type="checkbox"/> Official transcripts/documents showing conferral of your degree(s) OR academic Transcripts from educational institution(s) attended since securing NCC(A) <input type="checkbox"/> Evidence of minimum 200 hours of continuing education <input type="checkbox"/> Evidence of clinical supervision <input type="checkbox"/> Letter from an endorsed Clinical Supervisor	<input type="checkbox"/> Security clearance certificate <input type="checkbox"/> Current curriculum vitae <input type="checkbox"/> Evidence of minimum 100 hours of continuing education <input type="checkbox"/> Evidence of clinical supervision <input type="checkbox"/> Letter from an endorsed Clinical Supervisor

NCC - Supervisor

<input type="checkbox"/> New applicant	<input type="checkbox"/> Recertification
<input type="checkbox"/> Security clearance certificate <input type="checkbox"/> Current curriculum vitae <input type="checkbox"/> Academic Transcripts from educational institution(s) attended since securing NCC(M) <input type="checkbox"/> Evidence of minimum 200 hours of continuing education including certificate confirming completion of recognized Clinical Supervisor training course <input type="checkbox"/> Evidence of clinical supervision <input type="checkbox"/> Letter from an endorsed Clinical Supervisor <input type="checkbox"/> Counseling case conceptualization on any five clients in which the counselor has seen the client for a minimum of four sessions	<input type="checkbox"/> Security clearance certificate <input type="checkbox"/> Current curriculum vitae <input type="checkbox"/> Evidence of minimum 100 hours of continuing education <input type="checkbox"/> Evidence of clinical supervision <input type="checkbox"/> Letter from an endorsed Clinical Supervisor

Please note documents submitted will not be returned.

National Certification Exam

I confirm I have successfully passed the BBCC National Certification Exam and have not let my accreditation lapse for more than three years

Date of examination: _____

If you have not been in the workforce, practicing in the counselling field for the past 3 years and are applying for reaccreditation, you are required to re-sit the certification exam.

BBCC Code of Ethics

BBCC applicants and certificants are responsible for ensuring that their behavior adheres to the standards identified in the *Code of Ethics*.

If your registration is granted, do you commit to completing the requirements for continuing education (CE) and clinical supervision during your period of registration, consistent with the Board's Continuing Education and Clinical Supervision policy? Yes No

Ethics Attestation (please respond to each statement.):

Have you ever been or are you currently the subject of any public or private complaint, investigation or professional disciplinary action, including licensure board and membership matters? Yes No

Have you ever been or are you currently charged with any criminal offense? Yes No

Have you ever been or are you currently named in a civil or other legal action? Yes No

If you answered "Yes" to any of the above questions, please provide a complete, detailed explanation related to the response along with copies of relevant documentation, such as copies of the complaint, pleadings, and compliance with final orders. Applications without this documentation are considered incomplete. Failure to provide required information will delay the processing of your application.

Place these materials in a sealed envelope marked "Attention: BBCC Ethics Committee" and return with your application.

Processing Fee

Please note all fees are non-refundable and non-transferable.

Nu1000 Cash

Cheque

Cheques payable to:

BBCC Certification Department

RENEW

Phendey Oudphel Lam

P.O. Box 1404 Motithang, Thimphu: Bhutan

Applicant Agreement and Release Authorization

All information I provided in this application, including supporting documentation, is accurate and complete to the best of my knowledge. If I have knowledge of any changes concerning my responses in this application, I agree to report this to BBCC in writing within 60 days.

I agree that BBCC has the right to contact any person or organization regarding this application, and I authorize the release of any information requested by BBCC to verify the accuracy. I understand that all application materials become the property of BBCC and will not be returned.

I understand that certification through BBCC depends upon my fulfillment of all required criteria and compliance with BBCC policies, which include the *Code of Ethics* and the BBCC certification mark and trademark use policy. I understand that certification does not create membership in BBCC. I understand that BBCC certification may not be transferred to another individual or group.

I understand that professional biographical and certification data is considered to be public information and will be made available in response to public inquiries. I agree that data related to my participation in BBCC certification may be used for research and statistical purposes.

I recognize that any certification granted by BBCC does not represent licensure or other authorization to practice business activities for a fee. I release BBCC from all liability and claims arising from any professional activity.

Sign your legal name in BLUE ink.

Your signature on this document constitutes your agreement with the above statements.

Applicant's Signature

Date

When Will I Hear From BBCC?

The BBCC will send a confirmation email within one month of receiving your application.

Provisional certificates will be issued within four weeks of receiving a new application.

Renewal certifications will arrive in the mail approximately six to eight weeks following consideration by the Certification Committee.

If you're having difficulty completing the form or have any inquiries, please contact the BBCC Certification Department via telephone at 02334751/02332159.