

AASCB Licensure Endorsement Plan

Prologue: This plan is an evolution of all the plans that came before it. Our goal is to create a simple process that streamlines endorsement for both licensees and regulators while simultaneously maintaining our primary responsibility to protect the public. A committee was formed under the auspices of American Association of State Counseling Boards (AASCB) with representatives from 15 different states to accomplish this task. The committee came to the conclusion that the endorsement process is a distinctly separate issue from the initial licensure process. We are dealing with individuals who met the qualifications in their states at the time in which they were initially licensed. We recognized that all state licensing boards take their mission to protect the public seriously and perform their due diligence in vetting initial license applicants in accordance with their state's standards.

As such, rather than getting disencumbered by a state's licensing requirements at the time the applicant for endorsement was initially licensed, we focused on what that license allows them to do. If the originating state grants the licensee the authority to assess, diagnose and treat without requiring the supervision of another mental health professional then we considered that to be comparable and equivalent. One of our primary reasons for adopting scope of practice as the equalizer is that we could find no data to suggest any of the other criteria either increased or reduced the potential for harm to the public.

We recognize some states may have difficulty endorsing applicants whose licensing standard was below 60-hour degree threshold at the time in which they were initially licensed due to either the language in the receiving state's licensing laws or their current legal guidance in being able to interpret "scope of practice" as equivalent. This may require some states to consider revisions to their code or administrative rules in order to achieve this universal endorsement process for licensed counselors regardless of the criteria under which they were originally licensed.

The committee recommends that all states move toward adopting a 60-hour Master's degree requirement for initial licensure. Additionally, states that choose to lower their initial licensure requirements may disqualify themselves from this endorsement process.

The endorsement process is outlined below.

Independent Clinical Practice License

Definition: Independent Clinical Practice License is defined as the highest level of license in each state regardless of the title used in that state, whereby the licensee's scope of practice minimally includes the ability to assess, diagnose and treat mental and emotional disorders without a requirement to do so under the supervision of another licensed mental health professional.

To be eligible for licensure for independent practice in (insert state name) as a(n) (insert state's designation) by reciprocity an applicant:

- Must be currently licensed at the highest level of licensure for independent clinical practice available regardless of the criteria at the time of initial licensure in the originating state.
- Must have a license that is currently free of encumbrance or restriction
- Cannot have any current or pending investigations in any jurisdiction where they are currently licensed and must grant permission for those jurisdictions to release that information to the receiving state
- Must pass the jurisprudence exam-if required by the receiving state.
- The applicant must complete a background check if required by the receiving state.

Supervised Practice License

The intent of this section is to ensure that documented supervision practice hours from the originating state are transferred to the receiving state

To ensure documented supervision hours from the originating state meet the eligibility criteria for licensure for supervised practice in (insert state name) as a(n) (insert state's designation) by reciprocity, an applicant:

- Must be currently licensed for supervised practice if available in the originating state
- Must have a license that is currently free of encumbrance or restriction.
- Cannot have any current or pending investigations in the jurisdiction where they are currently licensed and must grant permission for those jurisdictions to release that information to the receiving state
- Must pass the jurisprudence exam-if required by the receiving state.
- Must complete a background check if required by the receiving state.
- Must recognize that endorsement at this level of licensure does not exclude the licensee from meeting the receiving state's full standard for licensed independent practice, which may require additional graduate coursework or passing a different exam.

Frequently Asked Questions

Q: Why should we adopt this plan? Our goal is to create a simple process that streamlines endorsement for both licensees and regulators while simultaneously maintaining our primary responsibility to protect the public.

Q: Why doesn't the plan designate a number of years someone needs to be independently licensed? Applicants generally already have 2 years of supervised practice experience to qualify as an independent clinician in their originating state and we could find no data to support the benefit of additional years of experience.

Q: Are you lowering the standard for independent practice to license people from out of state? – No. These are not new licensees. They have already been vetted to practice independently in their originating state.

Q: Why should we risk opening our code?”

The portability proposal will remove licensing barriers licensed applicants encounter each time they submit an application for licensure in another state. Further, removing the barriers will benefit military personnel and spouses who seek licensure in your state.

Q: Will this proposal conflict with or complement other initiatives toward reciprocity?

This proposal is similar to reciprocity efforts passed in other states or currently under consideration, making it likely it will complement ongoing efforts.

Q: How do we verify if someone has sanctions on their license when states are often very slow to process complaints? States should consider requiring licensees to notify the board of any discipline or restriction of any professional license at renewal. Additionally, states can use online verification of licensure through the state’s website or access/require verification from the National Health Practitioners Data Bank.

Q: Do you need to have a CACREP degree to qualify under this plan?

No. These are applicants who have already met the requirements to practice in their originating state, which may make them new to your state but not new to the profession.

Q: Do you need to take an exam?

Applicants who were grandparented into licensure in their originating state may not have taken an exam and are eligible under this plan. Other applicants are likely to have already taken an exam in their originating state and are eligible under this plan even if that exam is different from your state’s initial licensure exam.

Q: Does this plan require any coursework transcript review?

No.

A List of Benefits

1. By not having to “re-license” applicants, this Portability/Reciprocity/Endorsement Proposal will reduce the extensive verification of applicant information (validating hours, matching coursework, etc.). This is a huge reduction in redundant administrative effort.
2. The public will have greater access to counseling by expanding the counselor pool.
3. Improved continuity of care with a mobile society
4. Responds to concerns that military spouses and or personnel encounter significant barriers to obtain licensure when they transfer to another state.