

MAMHCA

Massachusetts Mental Health Counselors Association (MaMHCA)

Continuing Education Authorization Program

Continuing Education (CE) Guidelines

for

Licensed Mental Health Counselors

Ref.: Code of Massachusetts Regulations 262 CMR 7.00

Board of Allied Mental Health and Human Services Professions Continuing Education

CE Administrator: Deborah Bergstrom

MAMHCA

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► How to determine if you're Continuing Education meets Massachusetts LMHC Requirements

The following checklist will assist you in determining if an activity meets LMHC Continuing Education guidelines and can be used for license renewal.

Checklist For LMHC Continuing Education Guidelines For License Renewal

Any Continuing Education activity that is offered or sponsored by any of the following organizations is automatically accepted for license renewal. It is the responsibility of the LMHC to determine if it is a Category I or II offering.

- MAMHCA
- ACA and any of its Branches or Divisions i.e., AMHCA and MaMHCA
- NBCC

If you answer YES to the following questions, your Continuing Education activity will be automatically accepted for credit within its category. Put your certificate of attendance in your CE file for future reference.

- 1 ___ Does the CE Provider have a MAMHCA, NBCC, or ACA or any of its divisions, i.e., AMHCA, MaMHCA or ACA of MA, authorization?
- 2 ___ If it was a home-study activity, was it sponsored or certified a MAMHCA, NBCC, or ACA or any of its divisions, i.e., AMHCA, MaMHCA or ACA of MA?

You should be able to answer yes to the following questions if you are going to request certification of the activity for renewal credit:

- 3 ___ Does content of the activity fall within an approved content area?
- 4 ___ Were you a first time presenter of the activity?
- 5 ___ Was the activity geared toward professionals in a mental health field?
- 6 ___ If the activity was self-help in nature, was there a component that included the clinical application of the material? Activities taken exclusively for the purpose of self-help are not eligible. In order to qualify for credit, a portion of the activity must focus on methods for disseminating the learned techniques to clients.
- 7 ___ If it was a teleconference, was attendance verified?
- 8 ___ Was the activity taken during the current two-year licensing period?
- 9 ___ Did you receive appropriate documentation to verify your attendance and participation in the activity?

Summary of CE Requirements

for
Massachusetts Licensed Mental Health Counselors (LMHCs)

- **Effective January 1994, all licensees must comply with the LMHC Continuing Education regulations to renew their LMHC license.**
- **Hours required 30 CE contact hours per renewal cycle (2 years).**
- **For those who are newly licensed requirements are prorated. Contact the licensing board for current information on how many CE hours are required during your first renewal cycle.**
- **Renewal cycle** - Your license needs to be renewed every two years by the first day of the even year. i.e. 1/1/18, 1/1/20. Renewal applications issued in the fall of the odd year, e.g. Fall 2017.

Approved CE Activities: All activities that are (a) approved by National Board for Certified Counselors (NBCC) or are sponsored by the American Counseling Association (ACA), American Mental Health Counselors Association (AMHCA), or their divisions or state branches, i.e., ACA of MA or MaMHCA, or (b) assigned an MAMHCA Approved CE Activity Certification number. These activities do not need to be submitted to MAMHCA for retroactive certification.

Individual and Retroactive CE Certification: All CE Activities completed during the renewal cycle that were not pre-approved or automatically accepted may be submitted to MAMHCA for retroactive approval. **A separate form, LMHC-4, is required for each activity.** It is highly recommended that applications be submitted at least 12 weeks prior to December 31, of the license renewal year.

Out of State and Out of Country LMHCs: Special retroactive certification consideration will be made by the MAMHCA Advisory Board for LMHCs with extenuating circumstances, i.e., LMHCs being out of the country or for medical reasons. Contact MAMHCA at the MaMHCA office for consideration.

Denial & Appeal Process

After the 30 day period, denied activities may be resubmitted for approval with appropriate fees. Applicants who do not provide adequate evidence of meeting the CE requirements for retroactive certification applications will be notified of the denial and the reason for the denial. Applicants will be given thirty days from the postmark date on the denial notification to submit evidence why CE certification should be granted. Applicants can also appeal the denial in person at the next monthly MAMHCA Advisory Board meeting.

Note: Approval for CE Activities can only be obtained by Providers. If there is a course you would like to take to count toward your CE Requirements, ask the Provider to submit a request for certification to MAMHCA. If that is not possible, then make an educated decision regarding the acceptability of the activity by reviewing the Guidelines for Providers. Provider applications can be obtained from MAMHCA at the address below. ***Individual requests by LMHCs for pre-approval of CE activities will not be reviewed by MAMHCA***

Address questions and requests for applications via USPS Mail, FAX or E-Mail to:
MAMHCA • 17 Cocasset, Foxborough MA 02035 • Telephone 508-698-0010
E-Mail: Dbergstrom@mamhca.org

CE Category & Content Areas

1. CE Contact Hours will not be granted for:

- a. Business/Governance meetings
- b. Breaks
- c. Registration
- d. Social Activities, including meal functions except for the actual contact time of a content speaker.

2. Home Study

- a. Courses can be in either Category I or II Content Areas but only qualify for Category II credit.
- b. The total percentage of Home Study courses cannot exceed 50% of the total CE requirement.

3. Program Instructor Credits

- a. Instructors may obtain credit for the **first presentation** of approved MAMHCA programs or academic courses that meet the criteria for approved CE programs.
- b. Content of program or course must fit Category I or Category II requirements.
- c. Instructors must provide documentation of the program presentation.
- d. Instructors may receive the same number of CE hours that are available to participants and apply them to their total CE requirement.

All CE Activities must fall into at least one of the following Categories & Content Areas

Category I

A minimum of 50% (15 hours) of CE Activities MUST be in this category.

"Hands on" CE activities, sometimes called "face to face," that focus on the enhancement and upgrading of professional clinical mental health counseling knowledge and/or contribute to clinical skill building. This category includes graduate academic courses, workshops and lectures for attendees and Providers who are teaching the activity for the first time.

1. Counseling Theory

Includes studies of basic theories, principles and techniques of counseling and their application to professional counseling settings.

2. Human Growth & Development

Includes studies that provide a broad understanding of the nature and needs of individuals at all developmental levels, normal and abnormal human behavior, personality theory, life span theory and learning theory within cultural contexts.

3. Social & Cultural Foundations

Includes studies that provide a broad understanding of societal changes and trends; human roles; societal subgroups; social mores and interaction patterns; multi-cultural and pluralistic trends; differing lifestyles and spiritual systems; and major societal concerns including stress, person abuse, substance abuse, discrimination and methods for alleviating these concerns.

4. The Helping Relationship

Includes studies that provide a broad understanding of philosophic bases of helping processes; counseling techniques and their applications; basic and advanced helping skills; consultation and theories and their application; client and helper self-understanding; alternative mind/body therapies; and self-development; and facilitation of client or change.

5. Group Dynamics, Group Process and Counseling

Includes studies that provided a broad understanding of group development, dynamics and counseling theories; group leadership styles; basic and advanced group counseling methods and skills; and other group approaches.

6. Appraisal of Individuals

Includes studies that provide a broad understanding of group and individual educational and psychometric theories and approaches to appraisal; data and information gathering methods; validity and reliability; psychometric statistics; psychopharmacology; factors influencing appraisal; use of appraisal results in helping processes; administration and interpretation of tests and inventories to assess abilities, interests and career options.

7. Research & Evaluation

Studies that provide a broad understanding of types of research; basic statistics; research-report development; research implementation; program evaluation; needs assessments; publication of research information; and ethical and legal considerations.

8. Clinical Services in Mental Health Counseling

Courses related to assessment and treatment procedures in mental health counseling, psychopharmacology, addictions and chemical dependence, abuse (sexual, emotional and domestic violence).

9. Lifestyle & Career Development

Includes studies that provide a broad understanding of career developmental theories; occupational and educational information sources and systems; career and leisure counseling, guidance and education; lifestyle and career decision-making; career development program planning, resource and effectiveness evaluation.

10. Psychopathology

The study of pathological mental conditions. The nature of disease, its causes, processes, development and consequences. The functional manifestations of mental illness.

11. Legal and Ethical

The application of ethical and legal standards in clinical practice.

12. Spirituality

Includes spirituality and/or religion as they impact the mental health of clients e.g., existential and transpersonal issues, hospice work, end of life decisions.

Category II

A maximum of 50% (15 hours) of CE Activities may be in this area.

This category includes courses related to CE activities, which do not directly involve mental health counseling knowledge or skills, but have a general relation to the field.

13. Professional Orientation

Includes studies that provide a broad understanding of professional roles and functions; professional goals and objectives; professional organizations and associations; professional history and trends; ethical and legal standards; professional preparation standards; and professional credentialing.

14. MH Counselors & the Mental Health Care System

Includes mental health service delivery, mental health institutions and the role of counselors in the mental health care system.

Category III

A maximum of 25% (7.5 hours) of CE Activities may be in this area.

Professional activities done on an individual basis.

15. Supervision/Consultation

Continuing Education credits can only be granted for supervision/consultation received on a regular basis with a set agenda. Credit cannot be granted for supervision that you provide to others. Required documentation for supervision is a letter from the individual who has provided you with the supervision verifying your participation in this activity. The letter must contain the name of the supervisor, site where the supervision was provided, the start and end dates of the period in which the supervision occurred, and the total number of participation hours. If you have taken supervision for academic credit, you should list it under course work. This supervision must appear on your transcript or grade report. All supervisors must meet the qualified supervision requirements as identified in Board regulations 262 CMR 2.00.

16. Authored Publications

- A. Publications are limited to articles in refereed journals, a chapter in an edited book, a published book or a commercially published professionally related work.
- B. Be sure to indicate the publication date, title of the publication, name of the publisher or name of the journal.
- C. For a chapter in an edited book, include a copy of the table of contents.
- D. Content of publication must fit Category I or Category II descriptions.

17. Dissertations

- A. List the dates for which credit was granted by your college for work done toward the completion of your dissertation.
- B. List the title of your dissertation and the name of your college or university.
- C. A copy of your transcript or grade report is the required documentation for dissertation credit.
- D. Content of dissertation must fit Category I or Category II descriptions.

Continuing Education Documentation

Effective January 1, 1994 the Massachusetts Board of Allied Mental Health & Human Service Professions ("Board") established Continuing Education (CE) requirements for Mental Health Counselors wishing to renew their licenses (262 CMR 7.02). LMHCs must document at least 30 contact hours of Continuing Education in each two-year licensing period. Documentation verifying participation in the activities must be maintained in a CE file by the licensee and retained for five years. LMHCs must sign a statement on their license renewal form provided by the Board attesting to satisfaction of the Continuing Education requirements of 262 CMR 7.02.

For each contact hour earned by participation in CE activities offered by approved providers, the licensee must be able to provide documentation of the following information upon request of the Board:

1. The title of the program
2. The number of program hours completed
3. The name of the approved provider of the program
4. The date the program was given
5. Official verification of attendance at such activity

The Board may request the information described in 262 CMR 7.00 for two prior licensure/renewal periods (four years). MAMHCA approved providers of CE activities will be expected to maintain records of the names of all program attendees and the number of hours awarded for attendance at each program for a minimum period of five years from the date of the program. **Use Form LMHC-4 for each individual activity, to certify your CE Activities through MAMHCA, when the provider has not been pre-approved.**

The MA Licensing Board will randomly audit licensees for compliance with the CE requirement. No documentation should be sent to the Board unless so directed.

Maintaining your CE Activity Records Guidelines for CE Folder Contents

It is important to keep accurate records of your CE Activities so you will be able to renew your license as a Mental Health Counselor. You might find it convenient to keep all your records together in one folder or file section. For a college or university course, a copy of a transcript or grade report is required documentation.

Approved CE Activities

College/University Courses
Seminars, Workshops, Conferences
Publication Activities
Supervision/Consultation
Dissertations
Instructor Hours

Documentation Needed

Copy of Transcript/Grade Report
Copy of Certificate or Letter of Attendance*
Copy of Cover Page of Article or Book
Letter from Supervisor
Copy of Transcript**
Copy of Program Documentation

*When certificates are not awarded, a letter containing the required information should be obtained from the provider. Copies of brochures, announcements and agendas alone are not considered acceptable proof of attendance.

** If the contact hours are not indicated on your transcript, document hours with an official course description or other verification.

Form LMHC-4

Retroactive Certification Application

Do Not Send Originals

Include a completed copy of this form for each separate activity. CE Activity submissions will be returned if both forms are not completed correctly. This form may be duplicated.

Applicant Information

Name _____ E-Mail: _____

LMHC Lic. # _____ License Renewal Cycle _____

Mailing Address: _____

Telephone:
Home _____ Office _____

Work Setting _____

Continuing Education Activity - Title: _____

Sponsoring Organization

Name _____

Address _____ Telephone _____

Schedule: Fill in the exact schedule below with the total instructional hours excluding registration, lunch and coffee breaks. If the schedule is repeated more than one day, indicate the dates to the left. When a provider does not indicate a break in a four-hour period 15 minutes will be deducted from the time for a break period. When the provider does not indicate a lunch break in a workshop over 6 hours, one hour will be deducted for a lunch break. When the provider does not indicate a lunch break or other small breaks in a workshop 8 hours or more, a one hour lunch break and two 15 minute smaller breaks will be deducted from the original hours requested.

Date	Time of Each Session	Category	Instructional Hours
	<u>Begins:</u>		
	<u>Ends</u>		
	<u>Begins:</u>		
	<u>Ends</u>		
	<u>Begins:</u>		
	<u>Ends</u>		
	<u>Begins:</u>		
	<u>Ends</u>		
<u>Total Instructional Hours</u>		<u>Category: I</u>	<u>II</u>
		<u>III</u>	

Instructor/s _____ Degree _____ Prof. License _____

Qualification of Instructor/s to teach MHC material (check at least one).

- a. Licensed MHC (in any State)
- b. Other licensed mental health professional
- c. Approved Supervisor as defined by 262 CMR 2.00
- d. Masters level staff member of an agency providing MHC services, minimum 2 years MHC experience.
- e. Masters level Faculty member in an educational institution educating LMHCs.
- f. Other _____

Verification of Attendance (Include a copy with this application, RETAIN ORIGINALS.)

- a. Continuing Education certificate or letter of attendance from another mental health profession; or
- b. Other means of official verification of attendance that includes title, number of hours, instructor and content.

- Relevance to Mental Health Counseling** (CHECK AND PROVIDE ONE OF THE FOLLOWING):
- ___ a. Description of activity that makes a clear reference to MHC (include copy or quote); or
- ___ b. Content that includes relevant information an/or experiences for LMHCs (include description); or
- ___ c. CE activity brochure clearly describes content of activity.

Signature: All of the above statements are correct & have been personally verified by me to the extent possible.

Signature: _____ Date: _____

Individual and Retroactive Application Denial & Appeal Process

Applicants who do not provide adequate evidence of meeting CE requirements will be notified of the reason for the denial. Applicants will be given thirty days from the postmark date of the notification of the denial to submit documented evidence as to why approval should be given.

1. **Mail to:** MAMHCA 17 Cocasset Street Foxboro, MA 02035 • with fee.
2. **Fees:** \$25.00 for each application. \$40 if submitted after November 15 of a renewal year.
3. **Make all checks payable to:** MAMHCA or use your credit card.
4. **Refunds:** Fees will not be refunded for incomplete applications. While any number of CE hours can be submitted for certification only the maximum number of hours allowed in the Category will be reviewed for certification.
5. **Administrative fee:** Applications that are withdrawn will be charged \$5.

Method of Payment

Purchase Orders Not Accepted

Check # _____ enclosed for \$ _____

Or

Charge my MC/VISA in the Amount of \$ _____

Card Number _____ Expiration Date: _____

Signature: _____ Security code: _____

► **Fees:** \$25.00 for each application. \$40 if submitted after November 15 of a renewal year.

► **SEND APPLICATIONS VIA US POST OFFICE & THAT DO NOT REQUIRE A SIGNATURE**

Reviewer (Initials Only) _____ Date: _____

Does Not Require Certification, Approved By: _____

___ Approved for ___ (number) Contact hours in Category: I ___ II ___ III ___

Certification # _____

___ Denied for the following reason: