



**BHUTAN BOARD FOR  
CERTIFIED COUNSELORS**

## **National Certified Counselor - Bhutan Application**

**RENEW  
PhendeyOudphel Lam  
PO Box 1404  
Motithang, Thimphu: Bhutan**

*Professional Counseling Through Certification  
The Bhutan Board for Certified Counselors, Inc. (BBCC) values diversity. There are no  
barriers to certification on the basis of gender, race, creed, age, sexual orientation or  
national origin. This application is in cooperation with NBCC, Inc.*

**2016 - National Certified Counselor -  
Bhutan Application**



**Post-master’s Degree(s)/Master’s degree/Bachelor’s Degree/Diploma’s Earned:**

Degree(s)	Month & Year	Institution Name &Address	Major(s)

**Tick the area of coursework covered in your degree (s):**

- Human Growth and Development Theories in Counseling
- Social and Cultural Foundations in Counseling
- Helping Relationships in Counseling
- Group Counseling Theories and Processes
- Career Counseling and Lifestyle Development
- Assessment in Counseling
- Research and Program Evaluation
- Professional Orientation to Counseling
- Counseling Field Experience
- Mental Health Facilitation
- Substance Use

**Please list your workshop/training/seminar/conferences corresponding to the given content areas. To speed processing time; attach a description or syllabus if the name of a class does not clearly reflect course content. Do not list the same course for more than one content area.**

Content Area	Date	Course or Workshop Title	Credit or Workshop Hours
<p><b>1. Human Growth and Development Theories in Counseling Studies</b>                      In this area provide an understanding of the nature and needs of individuals at all developmental levels, relevant to counseling practice. These include but are not limited to the following:</p> <ol style="list-style-type: none"> <li>1. Theories of individual and family development and transitions across the lifespan;</li> <li>2. Theories of learning and personality development;</li> <li>3. Human behavior, including an understanding of developmental crises, disability, addictive behavior, psychopathology and environmental factors as they affect both normal and abnormal behavior;</li> <li>4. Counseling strategies for facilitating development over the life span;and</li> <li>5. Ethical considerations.</li> </ol>			
<p><b>2. Social and Cultural Foundations in Counseling</b>                      Studies in this area provide an understanding of issues and trends in a multicultural and diverse society that impact professional counselors and the counseling profession, including but not limited to the following:</p> <ol style="list-style-type: none"> <li>1. Multicultural and pluralistic trends, including characteristics and concerns of counseling individuals from diverse groups;</li> <li>2. Attitudes and behavior based on factors such as age, race, religious preferences, physical disability, sexual orientation, ethnicity and culture, family patterns, gender, socioeconomic status and intellectual ability;and</li> <li>3. Ethical considerations.</li> </ol>			
<p><b>3. Helping Relationships in Counseling</b>                      Studies in this area provide an understanding of counseling and consultation processes, including but not limited to the following:</p> <ol style="list-style-type: none"> <li>1. Counseling and consultation theories, including both individual and systems perspectives as well as coverage of relevant research and factors considered in applications;</li> <li>2. Basic interviewing, assessment and counseling skills;</li> <li>3. Counselor characteristics and behaviors that influence professional counseling relationships, including age, gender and ethnic differences; verbal and nonverbal behaviors; and personal characteristics, orientations and skills;</li> <li>4. Client characteristics and behaviors that influence professional counseling relationships; and</li> <li>5. Ethical considerations.</li> </ol>			
<p><b>4. Group Counseling Theories and Processes</b>                      Studies in this area provide an understanding of group development, dynamics and counseling theories; group counseling methods and skills; and other group work approaches, including but not limited to the following:</p> <ol style="list-style-type: none"> <li>1. Principals of group dynamics, including group counseling components, developmental stage theories, and group members' roles and behaviors;</li> <li>2. Group leadership styles and approaches, including characteristics of various types of group leaders and leadership styles;</li> <li>3. Theories of group counseling, including commonalities, distinguishing characteristics, and pertinent research and literature;</li> <li>4. Group counseling methods, including group counselor orientations and behaviors, ethical standards, appropriate selection criteria and methods of evaluation of effectiveness;</li> </ol>			

Content Area	Date	Course or Workshop Title	Credit or Workshop Hours
<p><b>5. Career Counseling and Lifestyle Development</b></p> <p>Studies in this area provide an understanding of career counseling, development and related life factors, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>a. Career-counseling theories and decision-making models;</li> <li>b. Career, avocational, educational and labor market information resources; visual and print media; and computer-based career information systems;</li> <li>c. Career-counseling program planning, organization, implementation, administration and evaluation;</li> <li>d. Interrelationships among work, family, and other life roles and factors, including multicultural and gender issues as related to career counseling;</li> <li>e. Career and educational placement counseling, follow-up and evaluation;</li> <li>f. Assessment instruments and techniques relevant to career counseling;</li> <li>g. Career-counseling processes, techniques and resources, including those applicable to specific populations; and</li> <li>h. Ethical considerations.</li> </ul>			
<p><b>6. Assessment in Counseling</b></p> <p>Studies in this area provide an understanding of individual and group approaches to assessment and evaluation in counseling practice, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>a. Theoretical and historical bases for assessment techniques in counseling;</li> <li>b. Reliability and validity in assessment;</li> <li>c. Appraisal methods, including environmental assessment, performance assessment, individual and group test and inventory methods and behavioral observations;</li> <li>d. Strategies for selecting, administering, interpreting and using assessment and evaluation instruments and techniques in counseling; and</li> <li>e. Ethical considerations.</li> </ul>			
<p><b>7. Research and Program Evaluation</b></p> <p>Studies in this area provide an understanding of types of research methods, basic statistics, and ethical and legal consideration in research, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>a. Basic types of research methods;</li> <li>b. Principles, practices and applications of needs assessment and program evaluation;</li> <li>c. Uses of computers for data management and analysis; and</li> <li>d. Ethical and legal considerations.</li> </ul>			

Content Area	Date	Course or Workshop Title	Credit or Workshop Hours
<p><b>8. Professional Orientation to Counseling</b>                      Studies in this area provide an understanding of all aspects of professional functioning, including history, roles, organizational structures, ethics, standards and credentialing, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>a. History of the counseling profession, including significant factors and events;</li> <li>b. Professional roles and functions of counselors, including similarities and differences with other types of professionals;</li> <li>c. Professional organizations including membership benefits, activities, services to members and current emphases;</li> <li>d. Ethical standards of BBCC and related ethical and legal issues, and their applications to various professional activities (e.g., appraisal, group work);</li> <li>e. Professional counselor preparation standards, their evolution and current applications;</li> <li>f. Professional counselor credentialing, including counselor certification, and accreditation practices and standards, and the effects of public policy on these issues;and</li> <li>g. Public policy processes, including the role of the professional counselor in advocating on behalf of the profession and its clientele.</li> </ul>			
<p><b>9. Counseling Field Experience</b>                      Studies in this area provide supervised counseling experience in an appropriate work setting.</p>			
<p><b>10. Mental Health Facilitation</b></p> <ul style="list-style-type: none"> <li>a. Investment in mental health;</li> <li>b. Understanding feelings on human development;</li> <li>c. Recognizing stress, distress and disorder;</li> <li>d. Facilitating in crises and disasters;</li> <li>e. Working in child maltreatment;</li> <li>f. Making refunds;and</li> <li>g. Contextualizing mental health facilitation.</li> </ul>			

**Copies of your attested documents from your school, college or university showing conferral of your degree(s) with a major study in counseling is required with the application. The transcript must arrive at BBCC unopened.**

**9. Professional Colleague/Supervisor Endorsement Form**

You must obtain an endorsement from a professional colleague or supervisor. Please submit the completed endorsement form(page11)with your application.

**10. Clinical Supervision**

List the no. of supervision hours after completion of graduation. Do not document any counseling supervision that occurred prior to graduation. This form (page 12) is to be completed by the person with whom you regularly discuss your counseling cases. He or she must meet the requirements stated on the form.

11. List all professional licenses and credentials you currently hold. If you have accrued counseling experience in more than one counseling position (including volunteer counseling work), you will need to submit a completed Verification of Experience Form from each work experience/location

**Length of certification and annual certification fee:**

BCCs must adhere to the BBCC Code of Ethics and pay the annual certification fee in order to use the designation. In order to continue using the BCC at the conclusion of each three-year cycle, BCCs must be able to document having completed 100 clock hours of continuing education.

**BBCC ethics policies and procedures:**

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

Prior to certification, applicants must complete all portions of this application. This includes the Ethics Attestation and a security clearance certificate and the Applicant Agreement & Release Authorization sections, which require applicants to disclose any previous legal, criminal or disciplinary matter. Application disclosures and other ethics matters are reviewed in accordance with BBCC procedures including the BBCC Certification Eligibility Policy-Ethics.

The BBCC Certification Eligibility Policy-Ethics, the BBCC Ethics Case Procedures and the Code of Ethics are available at the BBCC office.

12. Ethics Attestation (You must respond to each statement.):

1. 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
2. Have you ever been or are you currently charged with any criminal offense?  YES  NO
3. 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, you must include a complete, detailed explanation related to the response. You must also provide 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.***

## **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, including my responses in section 18, I agree to report this to BBCC in writing within 60days.

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 is personal to me and may not be transferred to another individual or group. I further understand that my examination results cannot be released to a third party until BBCC determines that there are no deficiencies or other issues relating to my application, and otherwise determines that I am eligible for certification.

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.*

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***Applicant's Signature (Blue ink required)***

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***Date***



## When Will I Hear From BBCC?

Within one month of receiving your application, BBCC will send you a confirmation e-mail acknowledging receipt of your application. You can expect your review results to arrive in the mail approximately six to eight weeks after you receive your confirmation letter.

## Contact Information

For personal assistance, please contact the BBCC Certification Department via telephone at 02334751/02332159

## Documentation Checklist

When you are ready to apply for the BCC credential, please be certain to include all of the following:

- Application
- Professional Colleague Endorsement Form
- Counseling Supervisor Endorsement Form
- Verification of Experience Form
- Sealed official transcripts/documents
- Security clearance certificate

*Be sure to make copies of all your Forms (except the sealed transcript) before mailing your application. Documents submitted will not be returned.*

## Endorsement Forms

***Note: The Professional Colleague Endorsement Form and the Counseling Supervisor Endorsement Form may not be completed by the same person unless you are self-employed.***

When preparing the Counseling Supervisor Endorsement Form, keep in mind the following points:

- Counseling supervision hours are defined as time spent with another graduate-level mental health professional discussing ways to improve your counseling skills, answering questions regarding your clients, and receiving feedback about your counseling in general.
- The endorser does not have to be the chain-of-command person to whom you report, but must meet the degree requirements stated on the form.

Applicant's Name: .....

**Professional Colleague Degree Requirement:**

All endorsers must hold a higher qualification or must have more experience than the applicant. Endorsers are not required to be licensed and cannot be related to the applicant. A professional colleague who does not meet these criteria must return this form to the applicant so another can be asked for this endorsement.

**To the Bhutan Board for Certified Counselors:**

*I have been professionally acquainted with the above-named applicant for.....Years  
.....Months. I am not related to this individual either by birth or by marriage. To the best of my knowledge, this applicant is in good standing in the profession, and I recommend him/her for certification through BBCC.*

**Professional Colleague Contact and Degree Information**

_____ Signature of Colleague (BLUE ink required)	_____ Date:
_____ Colleague's Name (please print)	_____ Colleague's Title
_____ Permanent Address	_____ Degree and Major (e.g., "M.A. Counseling"; Diploma in Counseling)
_____ Dzongkhag	_____ Mobile Number
_____ Profession	_____ Professional Certification or License (if credentialed)
_____ Place or Certifying Organization(if credentialed)	_____ E-mail
_____ Years of Professional Experience	

***This form with an original BLUE ink signature must be mailed to BBCC by the applicant.  
Faxed or photocopied signatures will not be accepted.  
The applicant and colleague should retain copies for their records.***

*Feel free to offer other comments on the back of this sheet, if necessary.  
After completing this form, please return it to the applicant.*

Applicant's Name: .....

**Counseling Supervisor Degree Requirement:**

All endorsers must hold a higher qualification or must have more working experience than the applicant. Endorsers are not required to be licensed and cannot be related to the applicant. A counseling supervisor who does not meet these criteria must return this form to the applicant so another can be asked for this endorsement.

**Counseling Supervisor Attestation**

**To the Bhutan Board for Certified Counselors:**

I have been professionally acquainted with the above-named applicant for years months. I am not related to this individual either by birth or by marriage. To the best of my knowledge, this applicant is in good standing in the profession and has demonstrated effective counseling skills with clients while under my supervision. I recommend him/her for certification through BBCC.

I verify that this applicant for certification has met with me for.....hours of direct supervision regarding his/her counseling cases from.....(mm/yyyy) to..... . (mm/yyyy).	
_____	_____
Applicant's Position/Title	Name of Agency/Institution

**Counseling Supervisor Contact and Degree Information**

_____	_____
Signature of Colleague (BLUE ink required)	Date:
_____	_____
Colleague's Name (please print)	Colleague's Title
_____	_____
Permanent Address	Degree and Major (e.g., "M.A. Counseling"; Diploma in Counseling)
_____	_____
Dzongkhag	Mobile Number
_____	_____
Profession	Professional Certification or License (if credentialed)
_____	_____
Place or Certifying Organization(if credentialed)	E-mail
_____	
Years of Professional Experience	

<p><i>This form with an original BLUE ink signature must be mailed to BBCC by the applicant.  Faxed or photocopied signatures will not be accepted.  The applicant and colleague should retain copies for their records.</i></p>
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*If you have multiple supervisors, feel free to copy this page for additional pages and information*

Applicant's Name: .....

I am applying to the Bhutan Board for Certified Counselors, for the Bhutan Certified Counselor (BCC) credential. I am required to provide documentation of a total of \_\_\_\_\_ hours of post graduate professional counseling experience, including at least \_\_\_\_\_ hours of work directly related to counseling.

Counseling work experience hours are defined as time spent counseling clients, making/reviewing case notes, viewing/listening to tapes of sessions and consulting with other mental health professionals, as well as other activities directly related to the counseling of clients. Please complete the information below and return this form to me.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**INFORMATION BELOW TO BE COMPLETED BY SUPERVISOR**

I verify that the applicant named above is/was engaged in counseling work experience for the period from

.....(mm/yyyy) to.....(mm/yyyy).

I verify that the applicant completed (total number of hours) of counseling work experience. This applicant is/was employed in the position of (job title).

This applicant is/was self-employed. I verify that the applicant completed (total number of hours) .....of counseling work experience for the period from..... (mm/yyyy) to .....(mm/yyyy).

**SUPERVISOR CONTACT INFORMATION**  
**All information requested below is required.**

1. Supervisor's Name (please print): .....
2. Name of Agency/Institution (where you worked with the applicant): .....  
.....
3. Title at Agency/Institution (where you worked with applicant): .....
4. Mobile Number: .....
5. E-mail Address: .....

\_\_\_\_\_  
Signature of Supervisor (BLUE ink required)

\_\_\_\_\_  
Date

*Please return completed form to the applicant.*

**THIS PAGE MUST BE INCLUDED WITH YOUR APPLICATION.**

Applicant's Name: .....

*All fees are non refundable and non transferable. This is an application for the BCC credential, not a registration form for a licensing exam.*

*If you submit this application for the BCC credential in error, or if your application is not approved, the application fee will not be refunded.*

*All applications remain open for two years. During that time, every applicant has the opportunity to rectify any deficiencies or achieve a passing score on the required examination.*

**Please make payment to BBCC.**

**Submit application packet and payment to BBCC  
Certification Department  
RENEW  
Phendey Oudphel Lam  
P.O. Box 1404  
Motithang, Thimphu: Bhutan**

*Be sure to make copies of all your forms  
(except the sealed transcript) before mailing your application.  
BBCC will not return any forms to you or anyone else once your application has been submitted.*

**Method of Payment for the BCC Application Fee**

Enclosed is a check or cash payable to BBCC in the amount of :NU. 1000/-

Telephone Number: .....

Mobile Number: .....