

1 BOARDS AND COMMISSIONS

2 Kentucky Board of Licensure for Pastoral Counselors

3 (New Administrative Regulation)

4 201 KAR 38:021. Application.

5 RELATES TO: KRS 335.620

6 STATUTORY AUTHORITY: KRS 335.615(1)-(4), (6), 335.620

7 NECESSITY, FUNCTION, AND CONFORMITY: KRS 335.615 requires the Kentucky Board

8 of Licensure for Pastoral Counselors to promulgate administrative regulations establishing

9 requirements for licensure. KRS 335.620 requires the board to promulgate administrative

10 regulations establishing an initial fee for licensure and requirements for a written examination.

11 This administrative regulation establishes the application process for certification.

12 Section 1. An applicant for licensure shall:

13 (1) Meet the requirements of KRS 335.620;

14 (2) Pay by check or money order an initial licensure fee as established by 201 KAR 38:040,

15 Fees, made payable to the Kentucky State Treasurer;

16 (3)

17 (a) Pass the written examination titled "Kentucky Licensed Pastoral Counselors Examination"

18 administered and verified by the Kentucky Board of Licensure for Pastoral Counselors, which

19 may include the topics set forth in 201 KAR 38:031, Section 3(1) through (4); and

20 (b) Submit documentation of a passing score to the board; and

- 1 (4) File a completed, signed, and dated Application for Licensure as a Kentucky Licensed
- 2 Pastoral Counselor, or “PC-3”, with the board containing:
- 3 (a) Name;
- 4 (b) Address;
- 5 (c) Home phone;
- 6 (d) Work address;
- 7 (e) Work phone;
- 8 (f) Cell phone;
- 9 (g) Work email;
- 10 (h) Personal email;
- 11 (i) Date of birth;
- 12 (j) Social security number;
- 13 (k) Criminal convictions;
- 14 (l) Misconduct in other counseling positions;
- 15 (m) Credentials by other states;
- 16 (n) Membership in professional organizations;
- 17 (o) Education; and
- 18 (p) Prior employment history, including job duties and employer contact information.
- 19 Section 2. Verification of hours.
- 20 (1) Verification of clinical practice hours required by KRS 335.620(1)(e)(1).
- 21 (a) An applicant shall provide documentation verifying completion of at least 1,375 hours in the
- 22 practice of supervised pastoral counseling subsequent to the conferral of the qualifying master’s

1 degree. Supervision shall be rendered by a qualified supervisor. Documentation shall include a
2 log of clinical hours signed by their current supervisor.
3 (b) Clinical practice hours shall consist of direct counseling moments with individuals, couples,
4 families, or groups, in which the applicant is actively engaged in assessment, treatment,
5 intervention, or therapeutic support. Non-clinical pastoral counseling activities such as
6 administrative work, teaching, chaplaincy, preaching, pastoral care or general ministry duties
7 shall not be counted toward supervised pastoral counseling hours requirements.
8 (2) Verification of clinical supervision hours required by KRS 335.620(1)(e)(2).
9 An applicant shall provide documentation verifying completion of at least 250 hours of clinical
10 supervision by a qualified supervisor, of which a minimum of thirty (30) hours shall be
11 individual supervision provided by a Kentucky Licensed Pastoral Counselor with at least five (5)
12 years of experience in pastoral counseling.
13 (3) For purposes of subsection (1) and (2), a qualified supervisor shall be an individual who:
14 (a) Is licensed as a licensed pastoral counselor in Kentucky;
15 (b) Holds licensure or certification, with at least five (5) years of clinical experience and two (2)
16 years of supervisory experience, in one of the following mental health professions:
17 1. Psychiatry;
18 2. Psychology;
19 3. Social work;
20 4. Professional counseling;
21 5. Marriage and family therapy; or
22 6. Licensed clinical alcohol and drug counseling; and

1 (c) Holds a clinical supervisor credential or its substantive equivalent from a Kentucky Board of
2 Licensure for Pastoral Counselor's approved pastoral counseling training or certified body,
3 demonstrating both advanced clinical experience and documented training in the supervision of
4 pastoral counselors; or
5 (d) Previously held a Diplomat or Fellow level certification from the American Association of
6 Pastoral Counselors or one (1) of its regional affiliates prior to the organization's cessation of
7 operations and continues to meet the experience requirement of subsection (a) or (b) of this
8 section.
9 Section 3. Required Documentation; Affidavit.
10 (1) Documentation of clinical supervision. This shall include:
11 (a) A log indicating the time frame during which clinical supervision occurred, which includes:
12 1. A clearly delineated number of individual supervision hours and the number of group
13 supervision hours; and
14 2. A total number of supervision hours; including the name, license, and qualifications of each
15 supervisor, accompanied by the current supervisor's signature attesting to the accuracy of the
16 record.
17 (b) Clinical supervision shall consist of documented supervisory meetings with a
18 Board-approved supervisor that addresses the applicant's clinical work, case conceptualization,
19 treatment planning, ethical concerns, and professional growth. Administrative meetings, general
20 ministry oversight, or non-clinical discussions shall not be counted toward clinical supervision
21 hours requirements.
22 (c) Clinical supervision may occur in both individual and group settings; however, the applicant
23 must obtain at least 120 of the required 250 supervision hours in individual supervision.

- 1 (2) Documentation of educational credentials. This shall include:
- 2 (a) An official transcript from an accredited university; or
- 3 (b) Documentation from a Kentucky Board of Licensure for Pastoral Counselors approved non-
- 4 accredited program, which shall include course descriptions, syllabi, and other explanatory
- 5 materials from the institution or training program.
- 6 (3) Documentation of good character by written endorsement provided by a denomination, faith
- 7 community, or recognized religious or spiritual organization, attesting to the applicant's good
- 8 standing and fitness for pastoral counseling practice. This may be provided by:
- 9 (a) An official representative of an ordaining or credentialing body within the applicant's
- 10 denomination or faith tradition;
- 11 (b) An official representative of a congregation, parish, or faith community in which the
- 12 representative holds active membership or ministerial standing; or
- 13 (c) An official representative of a board-approved religious or spiritual organization, professional
- 14 chaplaincy body, or interfaith institution that can attest to the applicant's religious or spiritual
- 15 formation and character.
- 16 (4) Applicant's Affidavit. The applicant shall sign an affidavit certifying that all statements,
- 17 answers, and documentation submitted in support of the application are true, correct, and
- 18 complete to the best of the applicant's knowledge.
- 19 Section 4. Incorporation by Reference.
- 20 (1) Form "Kentucky Licensed Pastoral Counselor Application", PC-3 (September 2026),
- 21 Kentucky Board of Licensure for Pastoral Counselors, is incorporated by reference.

1 (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at
2 the Kentucky Board of Licensure for Pastoral Counselors, 500 Mero Street, Frankfort, Kentucky
3 40601, Monday through Friday, 8 a.m. to 4:30 p.m.

201 KAR 38:021

APPROVED BY AGENCY:

Margaret Brooks

Margaret Brooks

Chair, Kentucky Board of Licensure for Pastoral Counselors

Date: August 31, 2026



Kentucky Board of Licensure for Pastoral Counselors
Public Protection Cabinet – Department of Professional Licensing

P.O. Box 1360, Frankfort, Kentucky 40602

500 Mero Street Frankfort, Kentucky 40601 (Overnight Delivery Only)

Phone: (502) 782.4250 | Fax: (502) 564.4818 | Website: KLPC.KY.GOV | Email: PC@KY.GOV

APPLICATION FOR A KENTUCKY LICENSED PASTORAL COUNSELOR

INSTRUCTIONS

1. Once you have completed the form, you must print the form and apply your handwritten signature. Application forms submitted without the appropriate signatures will be returned.
2. The completed application may be submitted to the Kentucky Board of Licensure for Pastoral Counselors either by mail to P.O. Box 1360, Frankfort, Kentucky, 40602 or by delivery to 500 Mero St., 2SC32, Frankfort, KY, 40601.
3. There will be a \$50.00 Application Fee and a \$300.00 Licensure Fee required with the submission of the application. That fee shall be made by check or money order made payable to the Kentucky State Treasurer. DO NOT SEND CASH.
4. If approved to sit for the examination a separate \$200 examination fee will be required. That fee must be made by check or money order made payable to the Kentucky State Treasurer.

SECTION 1. GENERAL APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Prior Names Used: _____ Name as it appears on transcript: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Cell Phone: _____

Social Security Number: _____ DOB: _____

Work Address: _____ Work Number: _____

Work Email: _____

SECTION 2. GENERAL QUESTIONS

1. Have you ever been convicted of a felony or misdemeanor involving moral turpitude (including driving while intoxicated, not including traffic violation(s) under the laws of any state or of the United States)? YES NO

If yes, what offense? _____

(submit supporting documentation)

2. Have you ever been discharged or resigned for alleged misconduct or unsatisfactory service from any employment position, from any professional training program, or from any educational program of any college or university?

If yes, explain: _____ YES NO

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KRS 335.615, 335.620, 201 KAR 38:021

NEW
201 KAR 38:021
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(attach additional pages if necessary)

3. Any you credentialled as a Kentucky Licensed Pastoral Counselor, or its equivalent, by any other state? If yes, where? YES NO

4. Do you hold membership in the Kentucky Association of Pastoral Counselors? YES NO

5. Have you ever been subjected to any disciplinary action by any state licensing agency for misconduct that relates to the provision of counseling services? YES NO

If yes, describe _____

(attach additional pages if necessary)

6. Please list any professional organizations relating to the field of counseling in which you currently hold membership.

SECTION 3. EDUCATION

Applicants must also submit documentation of educational coursework completed. This shall include:

- (a) An official transcript from an accredited university for all graduate level or above coursework; to expedite review, an applicant should also provide course descriptions, syllabi, or other explanatory materials from the institution or training program; or
- (b) Documentation of completion from a Kentucky Board of Licensure for Pastoral Counselors approved non accredited program; to expedite review, an applicant should also provide course descriptions, syllabi, or other explanatory materials from the institution or training program.

Undergraduate

School Name/Location: _____ Dates Attended (Mo./Yr to Mo./Yr) _____ Credit Hrs. _____

Degree(s) Obtained: _____

School Name/Location: _____ Dates Attended (Mo./Yr to Mo./Yr) _____ Credit Hrs. _____

Degree(s) Obtained: _____

Graduate

School Name/Location: _____ Dates Attended (Mo./Yr to Mo./Yr) _____ Credit Hrs. _____

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Degree(s) Obtained: _____

School Name/Location: _____ Dates Attended (Mo./Yr to Mo./Yr) Credit Hrs. _____

Degree(s) Obtained: _____

Accredited Pastoral Counseling Training Program

Name/Location: _____ Dates Attended (Mo./Yr to Mo./Yr) Credit Hrs. _____

Name/Location: _____ Dates Attended (Mo./Yr to Mo./Yr) Credit Hrs. _____

Attach additional sheets for schools if needed.

SECTION 4. WORK EXPERIENCE

Employed: From Mo. _____ Yr. _____ to Mo. _____ Yr. _____

Title or Position: _____

Name of Employer: _____

Address of Employer: _____

Email Address/Phone Number of Employer: _____

Describe your duties:

Employed: From Mo. _____ Yr. _____ to Mo. _____ Yr. _____

Title or Position: _____

Name of Employer: _____

Address of Employer: _____

Email Address/Phone Number of Employer: _____

Describe your duties:

Employed: From Mo. ____ Yr. ____ to Mo. ____ Yr. ____

Title or Position: _____

Name of Employer: _____

Address of Employer: _____

Email Address/Phone Number of Employer: _____

Describe your duties:

Employed: From Mo. ____ Yr. ____ to Mo. ____ Yr. ____

Title or Position: _____

Name of Employer: _____

Address of Employer: _____

Email Address/Phone Number of Employer: _____

Describe your duties:

SECTION 5. CLINICAL SUPERVISION

Per 201 KAR 28:020 Section 2(2), clinical supervision hours must be documented supervisory meetings with a qualifying supervisor that addresses the applicant's clinical work, case conceptualization, treatment planning, ethical concerns, and professional growth. Administrative meetings, general ministry oversight, or non-clinical discussions do not count toward clinical supervision hours. Clinical supervision may occur in both individual and group settings; however, the applicant must obtain at least 120 of the required 250 supervision hours in individual supervision.

Clinical Supervisors Name: _____

Professional Credentials: _____

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Address: _____

Telephone: _____ Email: _____

Dates Supervised: From: _____ To: _____ Individual Hours: _____ Group Hours: _____

Clinical Supervisors Name: _____

Professional Credentials: _____

Address: _____

Telephone: _____ Email: _____

Dates Supervised: From: _____ To: _____ Individual Hours: _____ Group Hours: _____

Clinical Supervisors Name: _____

Professional Credentials: _____

Address: _____

Telephone: _____ Email: _____

Dates Supervised: From: _____ To: _____ Individual Hours: _____ Group Hours: _____

SECTION 6. VERIFICATION OF CLINICAL SUPERVISION
(To be completed by Clinical Supervisor)

Clinical Supervisor's Signature: _____ Current Date: _____

Daytime Telephone Number: () - .

Professional Credentials: _____

Total Number of Hours of Clinical Supervision of Applicant: _____

Dates of Supervision of Applicant: From _____ To: _____

Number of Individual Supervisor Hours of Applicant: _____

Number of Group Supervisory Hours of Applicant: _____

(If former supervisor of applicant is deceased or unavailable for signature, please submit a supervisory report that documents clinical supervision from that former supervisor)

(If more than one clinical supervisor, please submit additional verification information, including clinical supervisor's signature, on a separate sheet)

SECTION 7. RELIGIOUS ENDORSING BODY ENDORSEMENT FOR MINISTRY

Applicants Name: _____

Applicants Address: _____

Applicants Signature

Date

The Board of Licensure for Pastoral Counselors seeks to maintain the highest standards of quality for its membership. When a minister (see definition below) seeks membership, the Board requires clear validation of both his/her Religious Endorsing body and his/her counseling skills. While it is the responsibility of the Board to determine the applicant's counseling credentials, the Religious Endorsing Body determined the applicant's endorsement for ministry. Therefore, you are requested to complete this form. Please attach additional pages if necessary.

Name of Religious Endorsing Body: _____

Name and Title of Endorsing Official: _____

The endorsement should meet the following stipulations:

- A. Such endorsement must come only from officials or agencies designated by their Religious Endorsing Body leaders as appropriate endorsers for ministry.
- B. This must be an endorsement stating that the applicant is in good standing and is serving in an approved ministry.

Title & Description of Applicant's Ministry: _____

1. Does the applicant's ministry, as described above, have your Religious Endorsing Body's endorsement?
YES NO
2. Is the ministry of the candidate recognized by your Religious Endorsing Body as a regular or specialized ministry?
REGULAR SPECIALIZED
3. In your Religious Endorsing Body, who is the person or group who annually reviews the applicant's ministry?

4. If no regular review is conducted, in what way is the applicant accountable to your Religious Endorsing Body?

Signature of Endorsing Official

Date

Minister- "Ordained minister or the denominational equivalent" as defined in KRS 335.605 "means a person who has been called, elected, or other authorized by a church, synagogue, denomination, or faith group through ordination, consecration, or equivalent means, to exercise within and on the behalf of the denomination or faith group specific religious leadership and service that furthers it's purpose and mission."

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SECTION 8. SUPERVISED PASTORAL COUNSELING EXPERIENCE
1,375 HOURS OF CLINICAL PASTORAL COUNSELING HOURS ARE REQUIRED

NOTE: Clinical Pastoral Counseling hours must be obtained after the qualifying master's degree and must include direct pastoral counseling services under a qualified supervisor who holds licensure at the time the person is receiving supervision. Applicants must submit a log of hours including dates, activities, total hours, and supervisor verification.

Clinical Pastoral Counseling hours shall consist of direct counseling moments with individuals, couples, families, or groups, in which the applicant is actively engaged in assessment, treatment, intervention, or therapeutic support. Non-clinical pastoral counseling activities such as administrative work, teaching, chaplaincy, preaching, pastoral care or general ministry duties shall not be counted toward supervised pastoral counseling hours requirements.

This information should be supplied on a separate attachment. Data may be provided on a monthly basis. Any credential of the clinical supervisor should be supplied. The below is an illustrative example of a log (data collection) that may be submitted:

MONTH/YEAR	COUNSELING HOURS	SUPERVISOR
JUNE 2000	22 HOURS	Dr. Smith, KLPC
JULY 2000	25 HOURS	Dr. Smith, KLPC
AUG 2000	26 HOURS	Dr. Jones, LMFT
SEPT 2000	30 HOURS	Dr. Jones, LMFT
ETC		
TOTAL:	(MUST TOTAL AT LEAST 1,375 HOURS)	

SECTION 9. APPLICANT'S AFFIDAVIT

In affixing my signature to this application, I hereby swear or affirm that all statements and information provided herein are true and correct to the best of my knowledge, information and belief. Any untrue statement knowingly made by me on this application shall constitute grounds for such disciplinary action as the Board may determine appropriate, and may be grounds for denial of the application. I represent that I have read and understand the laws and regulations related to licensure in Pastoral Counseling.

Signature (Required) : _____ Date: _____