

APPLICATION FOR EMPLOYMENT WITH NEW LIFE COUNSELING CENTER, PLLC



Mission-Values

Our **mission** at New Life Counseling Center, PLLC also known as NLCC, is to offer individuals, couples, and families hope, healing, and growth through competent, Christian counseling. We combine sound biblical principles with the best of proven psychological intervention. At NLCC, Christian values are upheld and integrate with competent, clinical procedure.

NLCC was born out of and values:

- I. to glorify God in who we are and all we do,
- II. to support the local church by offering trustworthy counseling and program resources that enhance the church's ministry,
- III. to provide Christian counseling to those in need, especially ministers, Christian workers, and Christian military personnel,
- IV. to prepare Christian LPC-Interns for licensure, through excellent supervision, tight ethics, a supportive community of fellow-therapists, and broad experience,
- V. to provide a healthy work environment for Christian LPCs and LPC-Is, who have engaged in their own personal therapy, strictly adhere to the Rules & Regulations set forth by the Texas State Board of Examiners of Licensed Professional Counselors, operate with high ethical standards, and regularly attend a peer consultation group.

If your professional goals are congruent with the aforementioned mission and values, you are welcome to fill out an NLCC Application for Employment. This application covers:

- I. General information,
- II. Examination Information, State Licensure and Education
- III. Employment & Professional Experience
- IV. Personal Psychotherapy
- V. Faith, Historical and Current Positions
- VI. Commitment if hired to work with NLCC

In addition, if you need to attach additional pages to elaborate on any of the questions, please feel free to do so.

And lastly, once you have filled out this application, please mail to:

Leah Wilson McDill, Ph.D., LPC-S,
New Life Counseling Center, PLLC
3000 Joe DiMaggio Blvd., #88
Round Rock, Texas 78665

If NLCC is hiring therapists at the time that you send in your application, Dr. McDill will look over your application and possibly contact you to set an appointment for a formal interview.



GENERAL INFORMATION

Applicant Name: _____ Date of Birth : ____ - ____ - ____
(Print) Last Name First Name M.I.

Home Address: _____

City: _____ State: _____ Zip: _____

Preferred Mailing Address: _____

Home Telephone: (____) _____ - _____ Cell/Business Telephone: : (____) _____ - _____

E-Mail Address: _____

EXAMINATION INFORMATION

I have passed the NCE and/or LPC state exam. Yes/date of completion _____ No ____

I have successfully completed the Texas Jurisprudence exam. Yes/date of completion _____ No ____

LICENSING INFORMATION

Licensed Professional Counselor # _____ Date of Issue: _____ Expiration Date: _____

OR Licensed Professional Counselor Intern # _____ Date of Issue: _____

Have you ever had a malpractice complaint/claim/suit filed against you? Yes ____ No ____

If yes: What was the complaint? _____

What were the results? _____

Was any disciplinary action(s) taken? _____

Have you ever been denied a professional license and/or certificate? Yes ____ No ____

Have you ever had a professional license and/or certificate revoked, suspended or denied? Yes ____ No ____

If yes, list type of license/certificate, issuing state, action taken and reason for action: _____

Have you ever voluntarily surrendered a professional license or certificate? Yes ____ No ____

If yes, list type of license/certificate, issuing state, date of surrender and reason for surrender. _____

Do you currently possess any license(s) or certificate(s) issued by any state? Yes ____ No ____

If yes, list name and license number and issuing state or organization of license or/certificate: _____

Have you ever been convicted, pled guilty, or nolo contendere to any misdemeanor or felony other than juvenile offenses or minor traffic violations? Yes ____ No ____



GRADUATE EDUCATION & TRAINING

Please list educational background, starting with the most recent:

School	Dates Attended	Date Graduated	Major	Degree

Please list additional training, certification, and most recent Continuing Education Units:

Please discuss your attraction to either Object Relations or Bowen Family Systems and why you would like to train in either of these tracks:

EMPLOYMENT INFORMATION

Current Employer: _____ Position Title: _____
Dates of Employment: _____ - _____ Reason for Leaving: _____
Mailing Address: _____
Employer Telephone No.: (____) _____ - _____ Name of Supervisor: _____
Type of Practice: School _____ Hospital _____ Independent _____ Government Agency _____ Nonprofit _____
Other (specify): _____

Next most recent Employer: _____ Position Title: _____
Dates of Employment: _____ - _____ Reason for Leaving: _____
Mailing Address: _____
Employer Telephone No.: (____) _____ - _____ Name of Supervisor: _____
Type of Practice: School _____ Hospital _____ Independent _____ Government Agency _____ Nonprofit _____
Other (specify): _____

Next most recent Employer: _____ Position Title: _____
Dates of Employment: _____ - _____ Reason for Leaving: _____
Mailing Address: _____
Employer Telephone No.: (____) _____ - _____ Name of Supervisor: _____
Type of Practice: School _____ Hospital _____ Independent _____ Government Agency _____ Nonprofit _____
Other (specify): _____



PROFESSIONAL EXPERIENCE

Please provide a brief summary of your professional experience, including places, dates, and scope of activities.

PERSONAL PSYCHOTHERAPY

Please provide a brief summary of your personal experience as a client, including dates of service, type of therapy (i.e., individual, marital, and/or group), and theoretical orientation of the treating practitioner.

Dates of Service Type of Therapy (i.e., IT, MT, GT) Theoretical Orientation of Therapist

Brief Summary

CHRISTIAN FAITH

Please share how your Christian faith began and a summary of your personal journey of Christian faith since that time.

On what do you base your faith?

How do you apply your faith?

How does your faith influence how you conceptualize psychotherapy, your View of Human Nature, and how does your faith apply in the treatment room?

List where your current church membership resides, name of pastor, & any activities in which you are currently involved:

Other information that you think would be relevant regarding how your faith will be involved in working with NLCC:



VIEW OF & EXPERIENCE WITH AUTHORITY

What is your understanding of how authority works well? What are some positive experiences of yours in dealing with authority? And what are some difficult experiences of yours in dealing with authority? How did you process these?

COMMUNICATION & CONFLICT RESOLUTION

How would you describe your communication style? And how have you attempted to resolve conflict in the past when you disagree with someone?

ADDITIONAL INFORMATION

You are welcome to provide any additional information that you think is relevant in the process of applying for employment with NLCC.

REFERENCES: At least two references must be from within the mental health field....

1. Name: _____ Title: _____ Relationship: _____
Address: _____ Length of time that he/she has known you: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____ - _____ E-Mail Address: _____

2. Name: _____ Title: _____ Relationship: _____
Address: _____ Length of time that he/she has known you: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____ - _____ E-Mail Address: _____

3. Name: _____ Title: _____ Relationship: _____
Address: _____ Length of time that he/she has known you: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____ - _____ E-Mail Address: _____



COMMITMENT IF HIRED TO WORK WITH NEW LIFE COUNSELING CENTER, PLLC

The licensed individual or intern named above agrees to the following:

Re: Licensing Board—

1. Follow all Rules & Regulations, as well as the Code of Ethics with the Texas State Board of Examiners of Licensed Professional Counselors, and remain in good-standing with his/her state licensing board.
2. Submit a copy of your license/intern renewal *each year* to NLCC.
3. Inform NLCC of any complaints filed again you to your licensing board.
4. Interns will remain in supervision until either fully licensed, or the official date of transfer to another supervisor.

Re: Legal & Ethical Issues

1. Maintain malpractice liability insurance policy with a minimum coverage of \$1,000,000/3,000,000.
2. Maintain client files with all dates of service, money paid, and progress notes on each session in a locked filing cabinet on site; *and all client files are the property of NLCC.*
3. Provide counseling services only within the scope of your license, education, training, experience, & supervision.
4. Remain current on your Continuing Education Units and proactively study solid materials re: psychology and the application of treatment.
5. Maintain access to peer-consultation with other licensed professionals (LPC, LMFT, &/or LCSW).
6. Enter into personal psychotherapy at your own cost should NLCC/Leah W. McDill, Ph.D., LPC-S deem it necessary for the quality of your professional service and/or safety of the client(s) you are seeing.
7. Attend mediation should you and NLCC be unable to resolve a conflict.

Re: Christian Faith

1. Maintain consistent personal relationship with Jesus Christ.
2. Proactively pursue demonstrating your faith by serving others.
3. Study Scripture and Integration materials that will influence your integration of faith with practice as you serve your clients.

I submit all of the aforementioned material as true and can submit supporting documentation re: my education, licensure, and liability insurance should Dr. McDill agree to a formal interview. In addition, I agree that Dr. McDill may call the aforementioned references on my behalf to inquire about my professional integrity.

Printed Name _____ Signature of Applicant _____ Date _____