

Cenla Mental Health Workforce Accelerator Program Candidate Application

The Cenla Mental Health Workforce Accelerator Program aims to increase the number of qualified licensed Clinical Social Workers and Licensed Professional Counselors in the nine (9) parishes of Central Louisiana: Natchitoches, Winn, Grant, Catahoula, LaSalle, Rapides, Avoyelles, Vernon, and Allen. This application is to apply as a candidate for the program, starting Spring 2026. This program is for Mental Health Professionals with under 600 hours of relevant clinical experience.

Candidate Eligibility Requirements

- * For the LPC track, the candidate must have completed PLPC Application Section 1: Academic Background.
- * For LCSW track, the candidate must have LMSW status (passed the ASWB Masters examination and background check).

Funding support may include resources such as licensure exam test preparation and exam fees, supervision if not provided by the agency, mentorship, and professional development opportunities. For consideration, please complete the application below. See the website for a full description of the program and candidate benefits: <https://www.nsula.edu/mental-health-workforce/>

* This form will record your name, please fill your name.

Candidate Contact Information

1. Applicant Name *

2. Address *

3. Phone Number *

4. Personal Email Address *

5. Work Email Address (if applicable)

6. In what parish do you currently live? *

- ☐ Allen
- ☐ Avoyelles
- ☐ Catahoula
- ☐ Grant
- ☐ LaSalle
- ☐ Natchitoches
- ☐ Rapides
- ☐ Vernon
- ☐ Winn
- ☐ Other

7. In what parish(es) are you currently working? (Please select all that apply) *

- ☐ Allen
- ☐ Avoyelles
- ☐ Catahoula
- ☐ Grant
- ☐ LaSalle
- ☐ Natchitoches
- ☐ Rapides
- ☐ Vernon
- ☐ Winn
- ☐ Other

8. In what parish(es) are you currently seeking employment or willing to work? (Please select all that apply) *

- ☐ Allen
- ☐ Avoyelles
- ☐ Catahoula
- ☐ Grant
- ☐ LaSalle
- ☐ Natchitoches
- ☐ Rapides
- ☐ Vernon
- ☐ Winn

Candidate Eligibility

9. What clinical license are you pursuing or planning to pursue in Louisiana? *

- ☐ Licensed Professional Counselor
- ☐ Licensed Clinical Social Worker

10. Do you hold a master's degree from an accredited program in counseling (CACREP) or social work (CSWE)? *

- ☐ Yes
- ☐ I will graduate within the next 3 months with a master's degree from an accredited program in counseling or social work.
- ☐ No [Branches to Survey Ends Page with a message saying "Thank you for expressing interest in the Accelerator program. Unfortunately, you are not currently eligible for the program."]

11. What was your graduation date or expected graduation date (m/d/yyyy)? *

12. Which of the following most accurately describes you? *

- ☐ I recently obtained a qualifying master's degree and have not yet begun accruing clinical licensure hours.
- ☐ I recently obtained a qualifying master's degree and began accruing clinical licensure hours in the past year.
- ☐ I previously began working toward clinical licensure but left the behavioral health field and have now reentered with the intention of resuming pursuit of licensure.
- ☐ Other

13. Do you have over 600 supervised clinical hours toward licensure as an LPC or LCSW in Louisiana? *

- ☐ No, please respond to the question below.
- ☐ Yes [Branches to Survey Ends Page w/ a message saying "Thank you for expressing interest in the Accelerator Program. Unfortunately, you are not currently eligible for the program. This program is for mental health professionals with under 600 hours (under 20%) toward licensure as an LPC or LCSW in Louisiana."]

14. If you answered "No" to the above question, please provide a brief explanation and include the following relevant clinical experience.

1. Number of clinical hours (including direct and indirect hours for PLPC)
2. Number of board-approved supervision hours
3. Date of your last board-approved supervision meeting
4. Continuing education hours
5. Your anticipated timeline for completing licensure requirements

*

15. I understand that licensure requirements for both social work and counseling require a background check, fingerprints, and an attestation to not being impaired or limited in your ability to practice clinical work with reasonable skill and safety. *

☐ Yes

☐ No [Branches to Survey Ends Page with a message saying "Thank you for expressing interest in the Accelerator program. Unfortunately, you are not currently eligible for the program."]

16. I understand that if my application is approved for consideration, then I will need to submit the required transcripts and documents associated with licensure to the Cenla Mental Health Workforce Accelerator Program. *

☐ Yes

☐ No [Branches to Survey Ends Page with a message saying "Thank you for expressing interest in the Accelerator program. Unfortunately, you are not currently eligible for the program."]

17. I understand that if my application is selected, then upon program completion, I will be required to complete a minimum of two-year workback within The Rapides Foundation's service area (i.e., Allen, Avoyelles, Catahoula, Grant, LaSalle, Natchitoches, Rapides, Vernon, and/or Winn.). *

☐ Yes

☐ No

18. I understand that if the workback is not completed within the required two-year time frame and in the designated service areas stated above, I will be responsible for repayment of the following as applicable: grant funded licensure exam preparation, grant funded clinical supervision support, licensure fees and exam fees, grant funded travel expenses, and grant funded conference registration fees. *

☐ Yes

☐ No

19. Please describe your future career plans. How do these plans align with the program and its focus on mental health services in Central Louisiana, including the minimum two-year workback within The Rapides Foundation's service area? *

Employment Site

If you are currently employed and wish to remain at your current employment site, then the site must also apply for consideration. If so, please complete the employment information below. Your employer will be sent information about the Cenla Mental Health Workforce Accelerator Program for placement sites. The questions below will not be considered in the scoring of your application.

20. Have you informed your employer that you are applying to this program? (If you have not yet had a conversation with your employer about your application to this program, we highly recommend doing so.)

- ☐ Yes
- ☐ No
- ☐ I plan to talk to my employer about applying to this program.

21. Employment Site Name

22. Employment Site Address

23. Employment Site Parish(es)

- ☐ Allen
- ☐ Avoyelles
- ☐ Catahoula
- ☐ Grant
- ☐ LaSalle
- ☐ Natchitoches
- ☐ Rapides
- ☐ Vernon
- ☐ Winn

24. Please include your on-site supervisor's contact information. If you do not yet have on-site supervision, please include your employer's HR contact.

Employment Site Point of Contact Name

25. Point of Contact Title/Role

26. Point of Contact Email Address

Candidate Certification and Authorization

27. I give permission to the Regional Chair to share my application information with potential placement sites. By entering my full name below, I certify that the information provided in this application is true and correct to the best of my knowledge.

Enter your full name below *

28. Date *

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