

# 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.

### Candidate Eligibility Requirements

This application is to apply as a candidate for the program, starting Fall 2026. This program is for Mental Health Professionals with under 600 hours of relevant clinical experience.

\* For the LPC track, the candidate must have completed PLPC Application Section 1: Academic Background or have applied and waiting on approval by May 15, 2026.

\* For the LCSW track, the candidate must have LMSW status (passed the ASWB Masters examination and background check) or be in the process of applying with a passing exam score by May 15, 2026.

Program benefits 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/>

\* Required

### Candidate Contact Information

1. **Applicant Name \***

2. **Address \***

3. **Phone Number \***

4. **Personal Email Address \***

This worksheet is a guide to prepare your responses. Please apply through the website link.

**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

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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

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## 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 have graduated or will graduate by June 15, 2026, with a master's degree from an accredited program in counseling or social work.
- No

11. What is the name and address of the graduate program from which you graduated or in which you are enrolled? \*

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

13. What is your graduate school GPA at time of application? \*

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14. Which statement best 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 had to pause and I now have the intention of resuming pursuit of licensure.
- I graduated with a qualifying master's degree over a year ago and have not yet started working toward licensure.
- Other

15. Have you accrued over 600 hours toward licensure as an LPC or LCSW in Louisiana? \*

- No, please respond to the question below.
- Yes

16. 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) as of May 15, 2026.
2. Number of board-approved supervision hours as of May 15, 2026.
3. Date of your last board-approved supervision meeting as of May 15, 2026.
4. Continuing education hours as of May 15, 2026.
5. Your anticipated timeline for completing licensure requirements

\*

17. 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

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18. 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

19. I understand that I may be asked to participate in a face-to-face or virtual interview if being considered for candidacy. \*

Yes

No

20. Would you be willing to change your current place of employment/position to participate in this program? \*

Yes

No

21. I understand that with a new placement site, I may also obtain a new board-approved supervisor who is employed by the placement site. \*

Yes

No

22. I understand that if my placement site does not provide a board-approved supervisor, then I may obtain a board-approved supervisor who is participating in the program either locally and/or through program-approved virtual service. \*

Yes

No

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23. 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

24. 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

25. Please describe your future career plans. After licensure obtainment, the candidate agrees to work for the required minimum of two years within The Rapides Foundation Service area, which includes the parishes of Allen, Avoyelles, Catahoula, Grant, LaSalle, Natchitoches, Rapides, Vernon, and Winn. 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.

26. **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.

27. **Employment Site Name:**

28. **Employment Site Address:**

29. **Employment Site Parish(es)**

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

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30. 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:**

31. Point of Contact Title/Role:

32. Point of Contact Email Address:

WORKSHEET

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## **Additional Items:**

Please submit to Ellen Jenkins at [jenkinse@nsula.edu](mailto:jenkinse@nsula.edu) the following documents:

1. A graduate transcript-If accepted into the program, you will be required to submit an official transcript.
2. A resume with three (3) references
3. If you are scheduled to take the ASWB exam for the LMSW after application submission, please send the results immediately upon notification.

WORKSHEET

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## Candidate Certification and Authorization

33. 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: \*

34. Date: \*

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