NORTH CAROLINA BOARD of LICENSED PROFESSIONAL COUNSELORS
P.O. BOX 77819 • GREENSBORO, NC 27417

License Verification Form

The applicant is required to complete Section I of this form and forward to the current licensing board for completion of Section II. The current licensing board should mail to the address listed above.

Section I. To be completed by Applicant

Applicant's Name _____
Last First Middle

Applicant's SS# _____-_____-_____ Applicant's License #_____ State of Issue _____

Years of Experience as an LPC _____ Date issued _____ Type of License _____

Academic Institution _____

Degree _____ Year Conferred _____ Credits Earned _____

I hereby authorize the release of licensure information to the North Carolina Board of Licensed Professional Counselors.

_____ _____
Applicant's Signature Date

Section II. To be completed by the State Licensing Board where the North Carolina applicant is currently licensed

Title of License _____

Does this license require supervision in order to practice? ___ Yes ___No

License status: ___ Active or ___Inactive Issue date _____ (mm/dd/yyyy) Expiration date _____ (mm/dd/yyyy)

Is this license in good standing? ___ Yes ___No *If not, attach explanation.*

License issued by:

___ Examination: ___ NCE ___ NCMHCE ___ CRC ___ Other _____

___ Endorsement From what state? _____

___ Grandfathering

Supervised post-degree experience:

Total # of hours required _____ ___ Supervisor license/credentials required _____

Total direct counseling hours _____ Total indirect counseling hours _____

Total individual supervision hours per week _____ Total group supervision hours per week _____

Date range of experience: From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)

Is there any record of disciplinary action taken against this licensee? ___ Yes ___No *If yes, attach an explanation.*

Do you require verification of continuing education for licensure renewal? ___ Yes ___No

# of contact hours required _____ # of years in renewal period _____ # of ethics hours required _____

Board Name _____

_____
Address City/State/ZIP

_____ (State Seal) _____
Signature of person completing form Printed name of person completing form

_____ _____
Official Title Date form completed

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