



# Renewal for Licensure Form

FAXES ARE NOT ACCEPTABLE

P.O. BOX 77819 • GREENSBORO, NC 27417

## APPLICATION INSTRUCTIONS

- PRINT** or **TYPE** using **BLACK** Ink to complete this application. **ALL SECTIONS** that pertain to the license being renewed must be completed or the application will be returned.
- A completed renewal application and all required supporting documentation are **to be mailed in one packet**.
- Per NCBLPC General Statute 90-339, renewal fees and applications, along with all required supporting documentation, must be **received** in the Board's office on or before **JUNE 20th** of the renewal year.
- The fee for renewal is \$200** and shall accompany the application when mailed. The late fee of \$75 shall be included for renewals received after June 30, 2019.
- Renewal fees are non-refundable.**

### Board Use Only:

- Jurisprudence Exam Certificate
- Professional Disclosure Statement
- Ethics Attestation
- Renewal Fee

Approved by: \_\_\_\_\_

Review Date: \_\_\_\_\_

**Please select the license you are renewing below:**     LPC Associate # \_\_\_\_\_     LPC # \_\_\_\_\_     LPC Supervisor # \_\_\_\_\_

### I. General Information - To be completed by all applicants.

Last Name \_\_\_\_\_    DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_    Date License Issued: \_\_\_\_\_  
mm / dd / yyyy

First \_\_\_\_\_    Middle \_\_\_\_\_    License Expires: **June 30, 2018**

\_\_\_\_\_    NPI Number: \_\_\_\_\_

Mailing Address (Street or PO Box Number)

\_\_\_\_\_    Home Phone: \_\_\_\_\_

City, State, ZIP Code

Personal Email: \_\_\_\_\_    Mobile Phone: \_\_\_\_\_

Business Name & Address (if different than above):

\_\_\_\_\_    Work Phone: \_\_\_\_\_

\_\_\_\_\_    Work Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_



**Please remember to include the following items with your renewal form:**

- Jurisprudence Exam Certificate (taken after January 1, 2019)
- Professional Disclosure Statement
- Ethics Attestation Form
- Renewal Fee

### II. Licensure/Credentials - To be completed by all applicants. List all professional counseling licenses and credentials, which you now hold or have ever held in order of attainment. Use additional sheets, if necessary.

Type(s) of License(s)/Certificate(s) Held	License/Certificate #	Issued Date	Issued By

**III. CONTINUING EDUCATION ATTESTATION** - To be completed by all licensees.

**All Licensees:**

I attest that I have completed the minimum hours of continuing education that are required for the renewal of my licensure in accordance with Rule .0603 of Title 21, Chapter 53 of the North Carolina Administrative Code:

40 contact hours, including a minimum of three contact hours of ethics, within the two-year license renewal period.

OR

30 hours, including a minimum of three contact hours of ethics, in the case of newly issued licenses in which the initial renewal period is less than two full years.

**LPCs or LPCs that provide clinical supervision:**

Yes or  N/A I attest that I have completed a minimum of 10 contact hours of continuing counselor education related to professional knowledge and competency in the field of counseling supervision.

**Late Renewals:**

Yes or  N/A I attest that I have completed an additional 20 hours of continuing counselor education for the purpose of renewal of the expired license. Continuing counselor education acquired during this additional time period for the purpose of renewal of my expired license shall not applied to my next renewal period. I have one year from the date my license expired to renew my license. Failure to renew within that one year will require me to reapply for licensure

**All Licensees:**

I understand that the Board may conduct a random audit of a percentage of its licensees' continuing counselor education documentation for each renewal cycle. If selected, I shall submit the requested information upon request of the Board. Failure to submit the required documentation may result in disciplinary action by the Board.

**Continuing Education Attestation Signature:**

I do hereby attest that the information submitted is true, accurate, and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

Signature: \_\_\_\_\_ License # \_\_\_\_\_ Date: \_\_\_\_\_

**FAILURE TO RENEW REMINDER:**

Licensees who fail to renew their licenses by the expiration date of June 30 shall not practice until it is renewed. Failure to renew a license within one year of the date of expiration will require that a license be reissued only upon a new application for a license, and all current licensure requirements at the time of the new application shall apply to the new application.

**DOCUMENTATION REMINDER:** Evidence of completion of continuing counselor education shall consist of a certificate of attendance signed by the responsible officer of a continuing counselor education provider, and shall include date(s) of attendance, number of contact hours, name of attendee, name of course, and approved provider name or number. Complete documentation requirements can be found in Rule .0603 of the Administrative Code. You must maintain such information for seven years following the course completion. **Documentation of continuing education is only required to be submitted if audited by the Board.** The Board will conduct a random audit of a percentage of its licensees' continuing counselor education documentation for the renewal cycle. Selected licensees will receive notification by mail and will be required to submit the requested information within 60 days of the notification. Failure to submit the required documentation shall result in disciplinary action by the Board.



NORTH CAROLINA BOARD  
*of* LICENSED PROFESSIONAL  
 C O U N S E L O R S

P.O. BOX 77819 • GREENSBORO, NC 27417

### License Renewal Payment Form

**FOR OFFICE USE ONLY**

REF. #: \_\_\_\_\_

BATCH #: \_\_\_\_\_

DATE: \_\_\_\_\_

CHECK #: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

**Licensee Name:** \_\_\_\_\_

**License Number:** \_\_\_\_\_ **Last 4 digits of SSN:** \_\_\_\_\_

Enclosed is a check or money order (payable to NCBLPC) in the amount of \$ 200.00

I authorize NCBLPC to charge my credit card as listed below in the amount of \$200.00

**Late Renewals (Renewals received after June 30, 2019)**

Enclosed is a check or money order (payable to NCBLPC) in the amount of \$ 275.00

I authorize NCBLPC to charge my credit card as listed below in the amount of 275.00

Card Type:  VISA           MasterCard      Billing Zip Code: \_\_\_\_\_

Cardholder name as it appears on the card:

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Credit Card #: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card Security Code (from back of card): \_\_\_\_\_ Exp. Date: 

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(mm)                      (yy)

**If fee is being paid by someone other than the Applicant:**

Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

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**Contact Hours** - Forty contact hours of continuing education\*, including a minimum of three contact hours of ethics, are required within the two-year license renewal period. However, in the cases of newly issued licenses in which the initial renewal periods are less than two full years, 30 contact hours, including a minimum of three contact hours of ethics, are required. Contact hours equal the number of actual clock hours spent in direct participation in a structured education format as a learner.

One Continuing Education Unit (CEU) = 10 contact hours

One Semester hour of credit = 15 contact hours

One Quarter hour of credit = 10 contact hours

\* LPCS renewals must provide additional documentation of a minimum of ten (10) contact hours of continuing education training related to professional knowledge and competency in the field of counseling supervision.

\* Ethics training must focus on ethical behavior and responsibility as related to the American Counseling Association's Code of Ethics or the Center for Credentialing and Education's Approved Clinical Supervisor (ACS) Code of Ethics.

Check to see if your Continuing Education is approved by visiting the following websites:

**Websites for Approved Providers:**

1. American Association of State Counseling Boards (AASCB) - [www.aascb.org](http://www.aascb.org)
2. American Counseling Association (ACA) - [www.counseling.org](http://www.counseling.org)
3. Commission on Rehabilitation Counselor Certification (CRCC) - [www.crccertification.com](http://www.crccertification.com)
4. National Board for Certified Counselors (NBCC) - [www.nbcc.org](http://www.nbcc.org)
5. American Association of Christian Counselors (AACC) - [www.aacc.net](http://www.aacc.net)
6. American Association of Marriage & Family Therapy (AAMFT) - [www.aamft.org](http://www.aamft.org)
7. American Psychological Association (APA) - [www.apa.org](http://www.apa.org)
8. Employee Assistance Certification Commission - [www.eapassn.org](http://www.eapassn.org)
9. International Association of Employee Assistance Professionals in Education - [www.iaeape.org](http://www.iaeape.org)
10. National Area Health Education Center Organization - [www.nationalahec.org](http://www.nationalahec.org)
11. National Association for Pastoral Counseling and Psychotherapy - [www.napcp.ie](http://www.napcp.ie)
12. National Association of Social Workers (NASW) - [www.socialworkers.org](http://www.socialworkers.org)
13. National Rehabilitation Association - [www.nationalrehab.org](http://www.nationalrehab.org)
14. The Association for Addiction Professionals (NAADAC) - [www.naadac.org](http://www.naadac.org)

**Content Areas:**

1. Counseling theory
2. Human growth and development
3. Social and cultural foundations
4. Helping relationship
5. Group dynamics
6. Lifestyle and career development
7. Appraisal of individuals
8. Diagnosis and treatment planning
9. Research and evaluation
10. Professional counseling orientation
11. Ethics (minimum 3 hours per renewal period)  
(The required Jurisprudence Exam offers five contact hours in ethics.) Ethics training must focus on ethical behavior and responsibility as related to the American Counseling Association (ACA) Code of Ethics or the Center for Credentialing and Education Approved Clinical Supervisor (ACS) Code of Ethics.
12. Counseling supervision (required for LPC Supervisors Only) Counseling supervision training must focus on professional knowledge and competency in the field of counseling supervision.

**Mail completed application and required support documentation to:  
NCBLPC ♦ PO Box 77819 ♦ Greensboro, NC 27417**

### Types of Activity

Choose the appropriate number below to identify the type of continuing education activity. Specific renewal guidelines, including types of continuing education are outlined in Rule .0603(e). Documentation guidelines and maximum contact hours allowed per activity are outlined in Rule .0603(e). Ethics component may only be fulfilled by #1 or #2 below.

1. A **structured education activity** for which the licensee was a **learner**.
2. **Academic credit** granted from a regionally accredited institution of higher education for work done in a counseling or counseling related subject.
3. **Publication activities** are limited to articles written by the licensee and published in peer reviewed journals, editing of a chapter in a book based on counseling or counseling related material, or authoring or co-authoring a published book on counseling or counseling related material (**maximum reported contact hours within a renewal period = 10**).
4. **Academic credit** granted from a regionally accredited institution of higher education for **work done toward the completion of a dissertation** (**maximum reported contact hours within a renewal period = 10**).
5. **Clinical supervision**, as defined by Rule .0208, which was received by the licensee during the renewal period (**maximum reported contact hours within a renewal period = 10**).
6. **Leadership positions**: Officer of state, regional, or national counseling organization; editor or editorial board member of a professional counseling journal; active member of a state, regional, or national counseling committee producing a substantial written product; chair of a major state, regional or national counseling conference or convention (**maximum reported contact hours within a renewal period = 10**).
7. **Presentation activities** or workshops for which the licensee was a presenter (**maximum reported contact hours within a renewal period = 5**).

### Approved Providers

Choose the appropriate number below to identify the approved provider on the renewal CE page:

Continuing education training provided by one of the following national organizations, their affiliates or by a vendor approved by one of the following organizations shall be approved for an unlimited amount of contact hours:

1. American Association of State Counseling Boards
2. American Counseling Association
3. Commission on Rehabilitation Counselor Certification
4. National Board for Certified Counselors

Continuing education training provided by one of the following national organizations, their affiliate or by a vendor approved by one of the following organizations shall be approved for no more than 15 contact hours for any given renewal period (if a provider listed below is approved by one of the four providers listed above, then the number of contact hours are unlimited):

1. American Association of Christian Counselors
2. American Association of Marriage & Family Therapy
3. American Psychological Association
4. Employee Assistance Certification Commission
5. International Association of Employee Assistance Professionals in Education
6. National Area Health Education Center Organization
7. National Association of Pastoral Counseling and Psychotherapy
8. National Association of Social Workers
9. National Rehabilitation Association
10. The Association for Addiction Professionals