LOUISIANA
Licensed Professional Counselors Board of Examiners

2016 Licensed Professional Counselor (LPC) RENEWAL Application

1. Name: _____
First Middle/Maiden Last

2. Home Address: _____
P.O. Box/Street City/State Zip code

3. Work Name and Address: _____
Work Address Name

_____
P.O. Box/Street City/State Zip code

4. LA Legislative District Info: House Representative _____ State Senator _____

5. Address to mail all correspondence? **(Check One)** ___Home ___Work **6.** Address to post on Board website? **(Check One)** ___Home ___Work ___None

7. Home Telephone: _____ Work Telephone: _____ Cell phone: _____

8. E-mail: _____ List email address on the Board website? ____ Yes____No

9. Board Approved LPC Supervisor? _____Yes_____No **(If yes, please see instructions on Supervisee Update Form to renew privileging designation.)**

10. LPC with Appraisal Privilege? _____Yes_____No **(If yes, please submit additional $50 payment to renew privileging designation.)**

11. SSN _____-_____-_____ **12.** Highest Degree Awarded/ University: _____

13. LPC License Number: _____ Other professional licenses or national certifications: _____

14. Since your last renewal date, have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court, excluding minor traffic violations? ___Yes____No

15. Since your last renewal date, have you had a professional license, registration, and/or certificate in any state to be voluntarily or involuntarily relinquished, restricted, revoked, suspended, or denied? ___Yes____No **(Note: Inactive or Expired credentials due to non-renewal not applicable.)**

16. Since your last renewal date, have you used or are you currently using any narcotics, controlled substances, or any alcoholic beverage in a manner that is dangerous to the public or in a manner that it impairs your ability to provide mental health services to the public? ____ Yes____No

17. Do you currently have a medical condition which may in any way impair or limit your ability to practice professional counseling or therapy with reasonable skill and safety? ____ Yes____No

(If you answered yes to question 14, 15, 16, or 17, please submit a notarized letter of explanation.)

Enclosed Renewal Application Materials: (Please check all that apply)

_____ Original, Completed, & Signed LPC Renewal Application

_____ $170.00 License Renewal Fee

_____ CEH Form and CEH Documentation **(if AUDITED)**

_____ Updated Declaration of Practices and Procedures/Statement of Practice (e.g. due to work address change)

_____ $50.00 **Board-Approved Supervisor Privileging Designation Renewal Fee** and Supporting Documentation

_____ $50.00 **Appraisal Privileging Designation Renewal Fee**

If you DO NOT want to renew the appraisal privileging designation, **please check this box:** ☐

_____ $25.00 for a Duplicate, Frameable LPC Certificate

_____ $25.00 and Documentation (e.g. driver's license) to Change Name

Statement of Understanding:

I hereby apply for LPC licensure renewal by the Licensed Professional Counselors Board of Examiners. **I understand that renewal is contingent upon satisfactory completion of all requirements.** Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice mental health counseling in the State of Louisiana and forfeiture of the renewal fee. I certify that I have completed **a minimum of 40 Continuing Education Hours** as defined in Louisiana Administrative Code Title 46, Part LX, §705 and §707. I understand that I am not eligible to renew any privileging designations unless I hold a current, valid LPC license.

Signature _____ Date _____

FAXED APPLICATIONS/COPIES NOT ACCEPTED. ORIGINAL APPLICATION AND ORIGINAL SIGNATURE REQUIRED.
ALL LATE RENEWALS (INCLUDING LATE RENEWAL OF PRIVILEGING DESIGNATIONS) ARE ASSESSED A LATE FEE.
LPC Board of Examiners: 8631 Summa Avenue, Baton Rouge, LA 70809 225.765.2515 www.lpcboard.org

CEHs AUDIT FORM: Please complete and submit ONLY IF AUDITED.

Date	# of CEHs	Content Area (ex. Ethics, Diagnosis, Supervision)	Program/Activity Sponsor	Approving Body (ex. ACA, LCA, NBCC) See Rules: Chapter 7	Topic & Brief Description (Include Presenter's Name and Credentials)
TOTAL					

- CEHs may also be gained by taking coursework (undergraduate or graduate) from a regionally accredited institution in one of the 14 approved content areas for continuing education listed in §707.C. **One semester hour is equivalent to 15 clock hours and one quarter hour is equivalent to 10 clock hours.** Verification for coursework can consist of official transcripts for coursework taken for credit or letter of attendance from instructor for courses audited.

- 1.0 Continuing Education Unit (CEU) = 10.0 Continuing Education Hours (CEHs). 40 CEHs are required for per renewal period. Verification for CEHs may include copies of certificates, letters from presenters, etc. **All Audited LPCs must provide proof of 6 CEHs in diagnosis and 3 CEHs in ethics. ALL LPC Supervisors must provide proof of 3 CEHs in supervision in order to renew this privileging designation.**

SUPERVISEE UPDATE FORM

All LPC Supervisors are required to complete, sign, and submit this form even if you choose not to renew your supervisor privileging designation. For each supervisee, please provide the supervisee's name, the date upon which you last met with the supervisee, and a brief status update on your supervisee's progress (including any issues or concerns). Please submit additional pages if necessary.

- If you **do not have** any supervisees, please check this box: ☐
- If you **DO NOT want to renew your supervisor privileging designation**, please check this box: ☐

To renew your supervisor privileging designation, you must **renew your LPC license**, submit an **additional $50 fee**, and **submit proof of completion of 3 CEHs specific to supervision** by the postmark deadline of 06/30/2016 to avoid a late fee. **ALL** supervisor privileging designation renewal applicants **MUST** submit proof of 3 CEHs specific to clinical supervision.

If you were approved by the Board as a LPC-S in 2016 *and* your LPC license renewal date is by 06/30/2016, you **are NOT required** to renew this privileging designation until 2018; however, **you are still required to complete and submit this form**.

Supervisee Name	Date of Last Meeting	Status Update

Attestation Statement: By my signature below, I attest the information provided herein is accurate. I understand completion of the Supervisee Update Form is required and that I may not supervise PLPCs with an **Inactive or Expired LPC license.** Furthermore, I understand that I **must renew my supervisor privileging designation in order to supervise PLPCs**.

Supervisor Name (**please print legibly**) _____

Supervisor Signature _____ Date_____