



LOUISIANA
Licensed Professional Counselors Board of Examiners

2018 PROVISIONAL Licensed Professional Counselor (PLPC)
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. Address to mail all correspondence? **(Check One)** ___ Home ___ Work 5. Address to post on Board website? **(Check One)** ___ Home ___ Work ___ None

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

7. E-mail: _____ List email address on the Board website? ___ Yes ___ No

8. SSN _____ - _____ - _____ 9. PLPC License Number: PLC _____ Other licenses/national certifications: _____

10. Since **approval as a PLPC**, 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

11. Since **approval as a PLPC**, 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.)**

12. Since **approval as a PLPC**, 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

13. 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 10, 11, 12, or 13, please submit a notarized letter of explanation.)

14. Provide the number of supervised experience hours accrued to date since your approval as a PLPC (reasonable estimates acceptable):
 No. of **Direct** Client Contact Hours: _____ No. of **Indirect** Client Contact Hours: _____ No. of **Face-to-Face Individual** Supervision Hours: _____
 No. of **Face-to-Face GROUP** Supervision Hours: _____ No. of **Face-to-Face Synchronous Videoconferencing** Supervision Hours: _____

I have reviewed the hours listed above for my supervisee and verify that they are accurate.

Board-Approved Supervisor Signature _____ Date _____

Renewal Application Check List: If you paid your renewal fee(s) via Online Store, please check this box:

- _____ Original, Completed, & Signed 2018 PLPC Renewal Application
- _____ \$85.00 Provisional License Renewal Fee payable to the "LA LPC Board" (via Personal Check, Money Order, Certified Check, or Online Store)
- _____ CEH Form and CEH Documentation **(if AUDITED or if renewing AFTER October 31st)**
- _____ Declaration of Practices and Procedures Statement/Statement of Practice
- _____ Official NCE or NCMHCE Score Report Sent **Directly** from the National Board of Certified Counselors (NBCC)

Statement of Understanding:
 I hereby apply for PLPC provisional 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 provisional 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 20 Continuing Education Hours** as defined in Louisiana Administrative Code Title 46, Part LX, §609 and §611. I understand that I must apply and be approved for LPC licensure within six years from my date of approval as a PLPC.

Signature _____ Date _____