LOUISIANA
Licensed Professional Counselors Board of Examiners

Application for Expedited Processing

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. Home Telephone: _____ Work Telephone: _____

5. E-mail _____

6. SSN _____-_____-_____ **7.** Date of Birth: _____

Application to be Submitted for Expedited Processing (Check One):

_____ PLPC/PLMFT Application

_____ PLPC/PLMFT Change of Supervisor

_____ LPC/LMFT Licensure

_____ Privileging Designation Application

Reason for Applying for Expedited Processing of Application:

_____

_____

Statement of Understanding:

I have read the guidelines regarding the expedited process for the Licensed Professional Board of Examiners. I certify that I have enclosed all required documents in order to process my application. I understand that if all required documents are not submitted, my application will be reviewed on the following Application Review Date and the expedited processing fee **will not be refunded**.

Signature_____ Date _____

8631 Summa Avenue, Suite A, Baton Rouge, Louisiana 70809
Telephone (225) 765-2515 FAX (225) 765-2514
EMail: lpcboard@eatel.net Web Site: http://www.lpcboard.org