

STATE OF LOUISIANA: LICENSED PROFESSIONAL COUNSELORS BOARD OF EXAMINERS

License No. _____ Issue Date _____

A. INSTRUCTIONS:

- 1. All sections must be completed. Type or print clearly. If additional information is needed for any questions, please attach a separate sheet.
- 2. Official graduate transcript(s) must be forwarded directly from college or university.
- 3. Documentation of Experience forms must be forwarded directly from supervisor(s).
- 4. FEE: Please include appropriate fee in the form of a Money Order, Cashier's Check, or Certified Check. (FEES ARE NONREFUNDABLE).
- 5. Declaration of Practices and Procedures
- 6. Read Chapter 7 of the rules for Louisiana Licensing Requirements.
- 7. Mail completed application to the following address:
- 8. Copy of your file if you are licensed in another state (sent directly from state board).

Louisiana Licensed Professional Counselors Board of Examiners

8631 Summa Avenue, Suite A

Baton Rouge, Louisiana 70809

Telephone (225) 765-2515 FAX (225) 765-2514

B. GENERAL INFORMATION

Dr.

1. Name: Mr. _____

Ms.

2. Current Residence:

City/State _____ Zip _____

3. Place of Employment _____

Address _____

City/State _____ Zip _____

4. Which address do you prefer to be used for correspondence _____ Home _____ Work

Which address do you prefer to be put on the LPC Website _____ Home _____ Work

5. Email Address _____

6. Home Telephone: (_____) _____ Business Telephone: (_____) _____

7. Exam Score: _____ 8: Date Exam was taken: _____ MO/DAY/YR

10. Social Security Number: _____

11. Date of Birth: _____

12. Place of Birth: _____

13. A Registration of Supervision form is on file at the LPC Board office? _____ Yes, _____ No.

14. Employer or Place of Business: _____

15. Have you ever applied for this license before? _____ Yes, _____ No

16. Have you ever been denied a professional license and/or certificate? _____ Yes, _____ No. If yes, state reasons on an attached sheet.

17. Are you certified by a national counseling certifying agency? _____ Yes, _____ No. If Yes, give certification numbers and

Name and address of the certifying agencies. _____

18. Do you possess or have ever possessed a professional license(s) or certificate(s) to practice counseling or related

profession by Louisiana and/or any other state? _____ Yes, _____ No. If Yes, give license or certificate number(s), title(s), and state(s) issuing the license(s) or certificate(s). _____

19. Has action been taken to suspend/revoke your license/ certificate? _____ Yes, _____ No. If Yes, state date and type of

action; name and address of entity taking such action. _____

20. Have you ever been convicted of a felony? _____ Yes, _____ No. If Yes, state the felony, date of conviction, name,

location of court (City, Parish, State) on a separate attached sheet. Also, if conviction was set aside, give date

and explain using the separate attached sheet.

C. EDUCATION

Official transcripts must be sent directly to the Board from the granting institution to validate the information in this section. Only those transcripts containing the degree and coursework used to meet the licensure requirement need be sent. If more space is needed, use additional sheets supplying the same type of information.

Name on transcript if different from B.1.: _____

University/College: _____

Location: _____ Accredited By: _____

Dates Attended: _____ Date of Graduation: _____

Degree: _____ Major: _____ Hours in Degree: _____

D. PROFESSIONAL COUNSELING EXPERIENCE

List below the experience you claim as qualifying experience for obtaining a license. If more space is needed, use additional sheets supplying the same type of information.

1. Name of Employing Agency or Person: _____

Address of employer: _____

Immediate Supervisor: _____

Employment Date: From _____ To _____ Hours per week _____

Your Employment / Job Title: _____

Brief Description of Your Job Duties: _____

2. Name of Employing Agency or Person: _____

Address of employer: _____

Immediate Supervisor: _____

Employment Date: From _____ To _____ Hours per week _____

Your Employment / Job Title: _____

Brief Description of Your Job Duties: _____

3. Name of Employing Agency or Person: _____

Address of employer: _____

Immediate Supervisor: _____

Employment Date: From _____ To _____ Hours per week _____

Your Employment / Job Title: _____

Brief Description of Your Job Duties: _____

E. NBCC EXAM SCORES-All applicants must provide an NCE score sent directly from NBCC.

(Unless exam was taken through the LPC Board office.)

F. PHOTOGRAPH - All applicants must provide a recent 2" X 3" photograph. Picture must be a frontal view showing the applicant's head and shoulders. Sign name on back of picture.

G. LICENSE LETTERING - Please type or print your name below how you would like for it to appear on your license, should you be approved by the Board. Degrees, titles, honors or other information will not be added.

H. AFFIDAVIT - Must be signed in presence of notary.

I, the below named applicant, being duly sworn, do hereby affirm that I am the person referred to in this application for a license to practice mental health counseling as a Licensed Professional counselor in the State of Louisiana, and that all foregoing statements and enclosures are true in every respect. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of the license to practice mental health counseling in the State of Louisiana.

The Board of Examiners reserves the right to secure further evidence that it deems reasonable and proper from the sources above.

Enclosed in the application fee of \$200.00 made payable to the Licensed Professional Counselors Board of Examiners,

WHICH IS NON REFUNDABLE, in the form of a money order, cashier's check, or bank draft .

PERSONAL CHECKS ARE NOT ACCEPTED.

State of Louisiana

Parish of _____

Applicant Signature _____ Date: _____

Subscribed and sworn before me this _____ day of _____, 20_____

Notary Public Signature _____

Notary Public Name (Typed or printed) _____

Notary Public Seal My Commission Expires _____

NOTE: The board meets the third Friday of most months. Be sure to check our website for meeting dates. All materials for review must be in the board office the Friday before the meeting.