



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 _____