



LOUISIANA LICENSED PROFESSIONAL COUNSELORS BOARD OF EXAMINERS

License Verification Form

The applicant is required to complete Section I of this form and forward to the current licensing board for completion of Section II. Upon completion, the licensing board should return this form to Board Office.

Section I- To be completed by Applicant

Applicant's Name _____ Applicant's Date of Birth ___/___/___

Applicant's License # _____ State of Issue _____ Date Issued ___/___/___

I hereby authorize the release of licensure information, directly to the Louisiana Licensed Professional Counselors Board.

Applicant's Signature Date

Section II- To be completed by the State Licensing Board

Title of License _____

License # _____ Issue Date _____ Expiration Date _____
mm/dd/yyyy mm/dd/yyyy

License Status: ___Active ___Inactive ___Other (Explain)

License Issued by:

___ Examination Name of Exam _____ Date Exam Passed _____ Score _____
___ Endorsement From what state? _____
___ Grandfathering

Supervised post-degree experience:

Total # of hours completed _____ Supervisor license/credentials required _____
Total direct client contact hours _____ Total indirect client contact hours _____
Total individual supervision hours _____ Total group supervision hours _____
Date range of supervision: From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

Do you require verification of continuing education (CE) for licensure renewal? ___Yes ___ No

of hours required _____ # of years in renewal period _____
of ethics hours required _____ # of diagnosis hours required _____

Has any disciplinary action been taken against this licensee? ___Yes ___ No

If yes, attach an explanation and provide our office with any documentation regarding this disciplinary action.

Board Name _____

Address City/State/Zip

Signature of person completing form Printed name of person completing form

(Board Seal) _____
Official Title Date form completed