

**West Virginia Board of Examiners in Counseling Renewal Application Form 2005-2007**

**Print legibly or Type**

LPC License # \_\_\_\_\_ Social Security # xxx-xx-\_\_\_\_\_

Name \_\_\_\_\_  
FIRST MIDDLE LAST

Home Address \_\_\_\_\_  
 Please check here if this is a new address Street City State Zip

County of Residence \_\_\_\_\_ Home Phone \_\_\_\_\_

**Present Employment (Only list primary job)**

Position \_\_\_\_\_ Dates \_\_\_\_\_

Employer \_\_\_\_\_  
School Counselors – Put the address and phone number of your school not the board of education.

Address \_\_\_\_\_ County \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Fax \_\_\_\_\_

Employer Category  Private Practice  Non-Profit Agency  Profit Agency  Hospital  
 Federal or State Agency  College or School  Other \_\_\_\_\_

**Email**

**Please provide the best email address to communicate with you. Please PRINT!**

Email is a very cost effective means of communication for the board so if you will provide an email we appreciate it and please keep it updated with our office.

**For Board Use Only**

Renewal Approved  YES  NO Date Approved \_\_\_/\_\_\_/\_\_\_ Amount Pd. \$0 \$150.00  
If no, action needed

# Of Hours Approved \_\_\_\_\_ Renewal returned \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check other CURRENT Licenses and/or Certifications you hold**

School Counselor     \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

National Certified Counselor     Certified Rehabilitation Counselor     Certified Addictions Counselor

WV Social Work License     TSW     LSW     LCSW     LICSW    Expiration Date \_\_\_\_\_

WV Psychology License     Supervised     Clinical     School    Expiration Date \_\_\_\_\_

Are you an active member of ACA \_\_\_\_\_

**Have you, in West Virginia or in any other State or Commonwealth,**

**You must check one**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1). Had any license or certification to practice suspended, revoked, or subjected to any kind of disciplinary action? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2). Been convicted of a felony or crime involving moral turpitude?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3). Been an alcohol or drug abuser as defined in WV Code 30-31-7?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4). Been under declaration of mental incompetence?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5). Attempted to obtain a licensure by fraud, deceit, or willful misrepresentation?                                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6). Failed or refused to comply with provisions of licensure laws or promulgated laws?                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7). Violated a counseling Code of Ethics?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8). Impersonated another licensed professional counselor?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9). Allowed your name or license to be used by another person?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**FOR ANY "YES" RESPONSE, USE A SEPARATE SHEET FOR EXPLANATION**

I am applying for licensure renewal by the West Virginia Board of Examiners in Counseling. I am submitting \_\_\_\_\_ **contact hours from July 1, 2005 through June 30, 2007.** I understand renewal is contingent upon satisfactory completion of all the requirements. I attest I have given neither false nor misleading information in this application. I also understand that false or misleading information in connection with this application may be cause for rejection of the application, revocation of the license, and/or possible legal action for such fraudulent information.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**THIS APPLICATION MUST BE SUBMITTED ON OR BEFORE JUNE 30, 2007 IN ORDER FOR YOUR LICENSE TO REMAIN CURRENT.**