West Virginia Board of Examiners in Counseling Renewal Application Form 2007-2009
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_____
Street City State Zip Code

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 Amount Pd. $0 $150.00
If no, action needed Date Approved_____

 # Of Hours Approved _____Renewal returned ____/_____/_____

_____
_____
_____
_____

Computer Printed Sticker Mailed Sticker

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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? _____ **Are you an active member of NBCC?** _____

Have you ever, 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?** ☐ **YES** ☐ **NO**
2). **Been convicted of a felony or crime involving moral turpitude?** ☐ **YES** ☐ **NO**
3). **Been an alcohol or drug abuser as defined in WV Code 30-31-7?** ☐ **YES** ☐ **NO**
4). **Been under declaration of mental incompetence?** ☐ **YES** ☐ **NO**
5). **Attempted to obtain a licensure by fraud, deceit, or willful misrepresentation?** ☐ **YES** ☐ **NO**
6). **Failed or refused to comply with provisions of licensure laws or promulgated laws?** ☐ **YES** ☐ **NO**
7). **Violated a counseling Code of Ethics?** ☐ **YES** ☐ **NO**
8). **Impersonated another licensed professional counselor?** ☐ **YES** ☐ **NO**
9). **Allowed your name or license to be used by another person?** ☐ **YES** ☐ **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, 2007 through June 30, 2009**. 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.

If this is your **FIRST RENEWAL** please write in the date you were licensed _____/_____/_____
and the # of contact hours_____ you are required to complete for this renewal. Please refer to your initial email notification at the time of licensure for this information.

Do you own all or part of a business that operates within West Virginia? Yes*** No
***If yes, please enter the FEIN number of your business_____
WV2-6(18) provides that a board may not issue or renew a license for you to engage in the practice of a profession if you are in default under either the unemployment or workers compensation laws, or both laws of the state.

Signature_____ Date Signed _____

THIS APPLICATION MUST BE SUBMITTED ON OR BEFORE JUNE 30, 2009 IN ORDER FOR YOUR LICENSE TO REMAIN CURRENT.

ATTACH A COPY OF YOUR DISCLOSURE STATEMENT TO THIS RENEWAL APPLICATION