

## West Virginia Board of Examiners in Counseling

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815 Quarrier Street, Suite 212  
Charleston, West Virginia 25301  
800-520-3852

[www.wvbec.org](http://www.wvbec.org)  
[rclay27@msn.com](mailto:rclay27@msn.com)

### Renewal/Update Application for Approved Continuing Education Provider

Approved Provider # \_\_\_\_\_ Approval # \_\_\_\_\_ Expiration date \_\_\_\_\_

Name of Organization/Individual \_\_\_\_\_

Name of Continuing Education Monitor \_\_\_\_\_  
(This person will serve as the WVBE contact and must be a Licensed Professional Counselor.)

Address \_\_\_\_\_  
(Mailing address, city, state, postal code)

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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Please mark the correct line below as it applies to your organization:

\_\_\_\_\_ This application serves to RENEW the Approved Continuing Education Provider Status and the fee of \$100 is enclosed. This monitoring fee extends the status for 2 years beyond the expiration date listed above.

\_\_\_\_\_ This application serves to UPDATE our contact information.

\_\_\_\_\_ Please send all future renewal invoices to a different contact person and/or address than listed above. This address is:

Name of Organization/Individual \_\_\_\_\_

Name of Contact Person to receive invoices \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street or PO box, city, state, postal code)

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Please allow 5 business days to process your Renewal/Update Application. You will be notified via the email address provided above of your status and receipt of application.

**If there is a change to any of the information provided above you need to inform the board within 15 days by completing a new update application form which can be found on our website.**