



**Mississippi State Board of Examiners For Licensed Professional Counselors**

239 N. Lamar Street, Suite 402

Jackson, MS 39201

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www.lpc.ms.gov

**Replacement Wall Certificate Request**

**Reason for Request**

Name Change

\*Refer to Rule 6.4(C)  
Complete "Change of  
Information Form" also.

Damaged

\*\*Refer to Rule 6.4(D)

Destroyed

\*\*\*Refer to Rule 6.4(E)

**Current Information**

(as listed in Data Detail at [www.lpc.ms.gov](http://www.lpc.ms.gov) )

Name \_\_\_\_\_ License # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Along with this form:**

\*If name change, please provide copy of the legal paper document indicating the change, return the original wall certificate to the LPC Board office, and pay the prescribed "name change" fee.

\*\*If original certificate was damaged, please return the original wall certificate to the LPC Board office, and pay the prescribed "Duplicate License" fee.

\*\*\*If original certificate was destroyed, please return the original wall certificate to the LPC Board office, submit a notarized affidavit (including a statement and explanation that the wall certificate was destroyed), and pay the prescribed "Duplicate License" fee.