

Mississippi State Board of Examiners For Licensed Professional Counselors
www.lpc.ms.gov

RENEWAL NOTIFICATION

It is time to renew your two-year license as a professional counselor in the state of Mississippi. Please follow the procedures for renewal outlined below. Be sure to provide your current email address as this will be our primary communication method in the future.

Your LPC license expires on:	June 30, 2015
Biennial License Renewal Fee:	\$200.00
Biennial Board Qualified Supervisor Certification Fee: (if applicable)	\$ 50.00
Renewal Deadline:	June 30, 2015 to maintain CURRENT license status
Payment accepted:	Check or Money order ONLY . Payable to Mississippi LPC Board.
License Period:	July 1, 2015 – June 30, 2017

RENEWAL FORM
(PDF available online)

1. Name: _____
First Middle Last

2. LPC License Number: _____ This is my first time to renew my license.

3. Has your name changed since last application/renewal? No Yes (Please attach legal documentation.)
(See Rule 6.4.(C)(2))

Name for your updated license: (If you would like a new wall certificate, please include \$30 with renewal form.)

_____ First Middle Last

4. Please review your **Data Detail** at www.lpc.ms.gov. Select **Licensee Search**, then your **Name**, then **Data Detail**.
 Change:

Update Address: _____
Address City State ZIP

Update Phone: _____ Update Email: _____

5. Print and complete the **Continuing Education Hours Reporting Form** found at www.lpc.ms.gov. Do not include related brochures, CEUs or other attachments. If your name is randomly selected to be audited, you will submit those materials at that time. *See Rule 6.2(3) A licensee shall not be required to complete continuing education for the first renewal of licensure.

6. Return the following via mail to the Board office at our new mailing address:

Mississippi State LPC Board
239 N. Lamar Street, Suite 402
Jackson, MS 39201

- Completed RENEWAL FORM
- Check or Money Order payable to MS LPC Board
- Completed Continuing Education Hours Reporting Forms

For Board Office Use Only: _____ Date Received _____ Renewal Fee Received _____ CEH Reporting Form Received
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