

Application Instructions - Screen 1

Begin application process by going to LPC web site <https://www.lpc.ms.gov>. Then click on the Forms item in the menu on the left of the screen.



lpc.ms.gov
MISSISSIPPI
State Board of Examiners for Licensed Professional Counselors

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Today is: Saturday, October 03, 2015

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Rules and Regulations Revisions

The Board has proposed amendments to its Rules and Regulations and is accepting public comment in accordance with the Administrative Procedures Act. Please mail or email your comments to the Board office for their review. To view the revisions visit <http://www.sos.ms.gov/adminbulletinsearch/default.aspx> then select Title 30 Mississippi State Board of Examiners for Licensed Professional Counselors in the Agency drop down.

New!
Email Reminder

The Board has a new online license management system and will be doing more communications through email. This will make communications more prompt and reduce operating cost. The email will include such items as renewal notices, supervisor/supervisee agreement, day to day information sharing

Quick Links
Rules and Regulations
Other
MS Transparency

Application Instructions - Screen 2

1. Before you begin the online process you should review the paper version to ensure that you have all the required documentation.
2. Once that has been done then click the Online Link to begin the process.

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Fee Schedule
Online Renewal Instructions
Application for LPC *New!*

Online **2**
Before you start the online application you should print and review the paper application to ensure that you have available all the documentation that is required. The application has 6 parts. Each part must be completed before you can move on to the next part. Once you have completed Part I, your profile is created and you can then login to your profile and complete the other parts at your leisure.

Paper **1**
Online application is required. Paper version is for reference only. Any paper applications received after June 20, 2015, will not be accepted.

Quick Links
Rules and Regulations
Other
MS Transparency

Application Instructions - Screen 3

Step one of the process is to verify that you don't already have a profile in the LPC system. When you enter your SSN number if it already exist in the system you will be instructed to go to the login screen. On that screen there are [Login and Profile Instructions](#).

If you do not already have a profile then you will be taken to the first application screen. The online application has the same basic layout as the paper application.

lpc.ms.gov
MISSISSIPPI
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Today is: Saturday, October 03, 2015

Check for Existing Profile

Enter your SSN

Enter this security code in the box below: 48342

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Application Instructions - Screen 4

In the first section you indicate what type of application you are submitting and if you are a member of the military.

1. Select one of the 3 types.
2. If you select Apply For Licensure Candidacy then check whether you require special accommodations for License exam.
3. Check Military radio button



APPLICATION FOR MISSISSIPPI LICENSED PROFESSIONAL COUNSELOR

[Cancel Application Request](#)

I hereby make application for Licensed Professional Counselor pursuant with the laws of the State of Mississippi and the Rules and Regulations for The Mississippi State Board of Examiners for Licensed Professional Counselors.

(check one)

- ☐ **1** **APPLY FOR LICENSURE:** If you meet all licensure requirements and have taken and passed the NBCC Examination and completed your Supervised Experience in accordance with the Rules and Regulations, complete Parts I, II, III, IV, V, and VI of the Application, request an official passing grade letter from NBCC to the Board office, if it is not already on file, and submit all required supporting documents as detailed in [General Instructions](#).
- ☐ **2** **APPLY FOR LICENSURE CANDIDACY:** If you meet licensure requirements in effect at the time the application is received by the Board office and intend to take the license examination, if approved, complete Parts I, II, III, IV, V, and VI of the Application and submit all required supporting documents as detailed in [General Instructions](#).
- Do you require special accommodations for License exam? ☐ No ☐ Yes (Please provide documentation with application.)
- ☐ **3** **REINSTATEMENT:** If your LICENSE LAPSED UP TO A PERIOD OF 3 YEARS (36 MONTHS), you must reapply for licensure, meet the current licensure requirements, and pay all application and renewal fees.

Are you a member of the military, veteran, or spouse of active duty military? ☐ No ☐ Yes (Please provide documentation.)

Application Instructions - Screen 5

In PART I you enter your personal information. You should use proper capitalization on all fields. You must have a passport sized picture to upload with this part of the application.

PART I - PERSONAL INFORMATION				
<p>Please use appropriate capitalization when entering data. DO NOT USE ALL CAPS when entering your information</p>				
Name:	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Title	First Name	Middle	Last Name
<p>(This should be your legal name as it should appear on certificate)</p>				
Name(s) as shown on transcripts and/or exam records if different from above:				
<input type="text"/>				
<p>If granted a license, your name, preferred address, preferred phone number, email address, and license number will appear on the internet. You must immediately notify the Board in writing of any changes of information.</p>				
PREFERRED ADDRESS: <input type="radio"/> HOME <input type="radio"/> BUSINESS <input type="radio"/> DO NOT PUBLISH				
BOARD CORRESPONDENCE: <input type="radio"/> HOME <input type="radio"/> BUSINESS				
HOME ADDRESS:	<input type="text"/>	<input type="text"/>	<input type="text" value="Mississippi"/>	<input type="text"/>
	Street (**P.O. Box not acceptable)	City	State	Zip code
BUSINESS ADDRESS:	<input type="text"/>	<input type="text"/>	<input type="text" value="Mississippi"/>	<input type="text"/>
	Street	City	state	Zip code
County:	<input type="text" value="Select"/>			
PREFERRED PHONE NUMBER: <input type="radio"/> HOME <input type="radio"/> BUSINESS <input type="radio"/> CELL <input type="radio"/> DO NOT PUBLISH				
HOME PHONE:	<input type="text"/>	BUSINESS PHONE:	<input type="text"/>	CELL: <input type="text"/>
EMAIL ADDRESS:	<input type="text"/>			
DATE OF BIRTH:	<input type="text"/>	SOCIAL SECURITY NUMBER: <input type="text" value="968-53-5736"/>		
PASSWORD:	<input type="text"/>	(This will be the password to login to your LPC profile.)		
NATIONAL COUNSELOR EXAMINATION (NCE) TAKEN: <input type="radio"/> Yes <input type="radio"/> No If Yes, Date Taken: <input type="text"/>				
Indicate Pass/Fail <input type="radio"/> Pass <input type="radio"/> Fail If Pass, Score <input type="text"/> / <input type="text"/> (your score / minimum score)				
NATIONAL CLINICAL MENTAL HEALTH COUNSELOR EXAM (NCMHCE) TAKEN: <input type="radio"/> Yes <input type="radio"/> No				
If Yes, Date Taken: <input type="text"/> Indicate Pass/Fail <input type="radio"/> Pass <input type="radio"/> Fail If Pass, Score <input type="text"/>				
Have you requested passing scores be forwarded to the Board <input type="radio"/> Yes <input type="radio"/> No				
<p>You may upload a pasport type picture for your file:</p> <p><input type="button" value="Choose File"/> No file chosen</p> <p>Upload a picture that is approximately passport size and no more than 500Kb. It also must be no more than 200 px wide.</p>				


Application Instructions - Screen 6


PART I also includes your educational information. After you have completed all the required fields click Save and Continue to Part II.

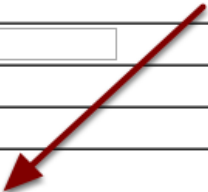
NOTE: At this point your profile is created and you could complete your application from within your profile.

INSTRUCTIONS:

- Complete this part for the graduate degree that you want the Board to consider as part of this application.
- The official transcript(s) should be sealed in an envelope and signed or stamped across the envelope's seal by the transcript clerk issuing the document to the applicant. If the approved educational institution will not issue an official transcript to the applicant, the approved educational institution may submit the official transcript directly to the Board. If transcript(s) are sent directly to the Board office from the school/university, ask the Registrar to provide you with a verification that the transcript has been sent and include this with your application.

DEGREE:	<input type="radio"/> Doctoral (specify: <input type="text"/>)	<input type="radio"/> Specialist	<input type="radio"/> Master's	<input type="radio"/> Other <input type="text"/>
Date Awarded:	<input type="text"/> 			
Program/Major:	<input type="text"/>			
Name of Institution:	<input type="text" value="Select"/>	▼	If other:	<input type="text"/>
Street Address:	<input type="text"/>			
City/State/Zip:	<input type="text"/>	/	<input type="text" value="Mississippi"/>	▼ / <input type="text"/>

DEGREE:	<input type="radio"/> Doctoral (specify: <input type="text"/>)	<input type="radio"/> Specialist	<input type="radio"/> Master's	<input type="radio"/> Other <input type="text"/>
Date Awarded:	<input type="text"/> 			
Program/Major:	<input type="text"/>			
Name of Institution:	<input type="text" value="Select"/>	▼	If other:	<input type="text"/>
Street Address:	<input type="text"/>			
City/State/Zip:	<input type="text"/>	/	<input type="text" value="Mississippi"/>	▼ / <input type="text"/>



Save and Continue to Part II

Application Instructions - Screen 7 Top

You must have course work completed in each of the 12 areas. You can enter part of the information and then save the form multiple times until you complete the form. **However you must click the "Save and Add More" button at least every 15 minutes.** Once you have completed all fields in the form you click "Save and Continue to Part III"

PART II – COURSE VERIFICATION FORM

■ Complete the following according to your graduate work.

■ A graduate program related to counselor education is defined as one that contains course work in all of the following areas. Each applicant must have completed a three (3) hour semester course or its equivalent in each of the following areas.

■ Please note that all references to hours of college credit are for semester hours. Quarter hours may be converted to semester using the standard formula (Number of quarter hours X .66 = Semester hour equivalent). Semester hours must total sixty (60) hours.

Caution: If you need to look up information for the areas below, you must click the "Save and Add More" button at least every 15 minutes.

The completion of Part I created your profile in the LPC database. Therefore if you don't have this information readily available you may close this window, then [login to your profile](#) when you have the information, and complete your application.

Area	Course Number	Course Title	University/College
1 Human Growth and Development			
2 Social and Cultural Foundations			
3 Counseling and Psychotherapy Skills			
4 Group Counseling			
5 Lifestyle and Career Development			
6 Testing and Appraisal			
7 Research and Evaluation			
8 Professional Orientation to Counseling or Ethics			
9 Theories of Counseling Psychotherapy and Personality			

Application Instructions - Screen 7 Bottom

10	Marriage and/or Family Counseling/Therapy	121	11	11
11	Abnormal Psychology and Psychopathology	22	22	22
12	Internship	434	44	44

Save and Add More

Save and Continue to Part III

Application Instructions - Screen 8

In PART III you will enter all of your completed Supervised Experience.

1. You may not continue to PART IV until you have entered at least one supervised experience.
2. If you enter an experience and it has an error, then you should delete and reenter it.
3. If the supervisor is licensed in Mississippi you may link directly to that supervisor so they can prepare your forms online.

- Enter your previous Supervised Experience in the form below. Enter ALL supervisors if you intend to count the hours toward your requirements. This includes Practicum, Internship, and Post-Master's supervision experience. (This does NOT include any post grad agreements that are currently in progress. These will be entered and established through your profile.)
- Then click the Add button at the bottom of the form.
- Once you have entered all your previous qualified experiences click the continue button that will display to the right

Continue To Part IV

1

INSTRUCTIONS:

- List only the name(s) and address(es) of the Supervisor(s) whose time you will use to fill the Supervision requirement for licensure and will complete Supervision Verification Forms on your behalf.
Effective July 1, 2015, Applicants shall present supervised experience obtained within the last seven (7) years
- Have each Supervisor complete a separate "Supervisor Verification Form." (Form A or Form B)
- If your Supervisor is missing or deceased, complete Form C.

Name:
First Middle or MI Last

Address:
Address City State Zip

Place of employment where Supervisory Hours were obtained:

Date of Supervised experience: FROM: TO:

BQS: ☐ No ☐ Yes Date BQS Issued: Don't know the date, [CLICK HERE](#)

TOTAL HOURS*: DIRECT CONTACT: INDIVIDUAL SUPERVISION: GROUP SUPERVISION:

*Total Hours = sum of direct hours, indirect hours, individual supervision, and group supervision.

Did you receive at least one (1) face-to-face supervision hour for every forty (40) hours of services provided OR one (1) face-to-face hour of supervision for every twenty-five (25) hours of Direct Services? (For persons working part-time, supervision should occur no less frequently than every other week.) ☐ Yes ☐ No

At the time of supervision my experience/employment was
☐ PRACTICUM ☐ INTERNSHIP ☐ POST DEGREE (If post degree then was it: ☐ FULL TIME ☐ PART TIME AT %)

Add

2

Below is a list of the Supervised Experiences you have entered.

If there is an error in the information below please delete and re-enter.

If your supervisor is **licensed in Mississippi** and will need to prepare a verification form online, then click --> Then -->

Name: Golden
First Middle or MI Last

Address: 12 Some St
Address City State Zip

Place of employment where Supervisory Hours were obtained: fdlkfjdsapo

Date of Supervised experience: FROM: 2017-04-02 TO: 2017-04-05

BQS: ☐ No ☒ Yes Date BQS Issued: 2017-04-10

3

Application Instructions - Screen 9

In PART IV you answer questions related to your personal and licensure history.

ALL questions must be answered. **The failure to accurately disclose information will result in immediate denial of licensure.**

When all questions have been answered and any required explanations provided, click "Save and Continue to Part V".

PART IV - PERSONAL AND LICENSURE HISTORY

ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED.

If you answer "Yes" to ANY of the following questions, explain in full by addendum to the application. You must make a statement that includes, but is not limited to, the date(s) location(s), specific circumstances, practitioners and/or treatment involved, and must be substantiated by official documents sent directly to the board office from the respective state licensing board or official copies of court records. A "yes" answer is NOT an automatic cause for denial of licensure. The failure to accurately disclose information will result in immediate denial of licensure.

☐ Yes ☒ No 1. Do you currently have a medical condition which in any way impairs or limits your ability to practice professional counseling with reasonable skill and safety?

☐ Yes ☒ No a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?

If Yes to 1. explain:

☐ Yes ☒ No 2. Do you currently use chemical substances?

Application Instructions - Screen 10

PART V and PART VI are your electronic signature for the application.

Below PART VI are links to review and edit your information entered in PARTS I - IV.

Once you complete PART V and PART VI click the Save and Continue To Payment button.

This will take you to the payment screen.(See Screen 11)

PART V - OATH	
<input type="checkbox"/>	By checking this box I am stating that I do solemnly swear or affirm that I, the Applicant listed above, do hereby affirm under penalty of perjury that all statements made and information contained in this Application are true and correct to the best of my knowledge and belief. I acknowledge that I may be required to furnish additional information promptly in order for this application to be processed.

PART VI - AFFIDAVIT AND RELEASE	
<p>I, Lisa Jones-test, of Shamririr, enenelo, HI do duly swear and identify myself as the person referred to in this application, do attests to the truth of each statement made in said application. I further swear that I have read and understand the statute Mississippi Code of 1972, Annotated Section 73-30-1 et seq and the Rules and Regulations and Application Guidelines of the Mississippi State Board of Examiners for Licensed Professional Counselors, which are a part of the application information and agree to abide by them in the practice of professional counseling in the State of Mississippi.</p> <p>I HEREBY: SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.</p> <p>RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice professional counseling.</p> <p>AUTHORIZE release, use of disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.</p> <p>AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.</p> <p>RELEASE from liability the Board, its staff, and all their representatives and any and all organizations that provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and other qualifications for licensure.</p> <p>ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, other qualifications, and for resolving any doubts about such qualifications.</p> <p><input type="checkbox"/> THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p>	

<p>Review and edit information: Part I Part II Part III Part IV</p>	<p>Save and Continue To Payment</p>
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Application Instructions - Screen 11

From this screen you may pay your Application Fee online by credit card or electronic check. Check the box next to the fee amount and then click Next. You will be taken to the State of Mississippi's online payment processing web site. After you have completed the payment you will be returned to the LPC site to print your receipt.

Receipt Number: OL-5843
Check the box next to your license amount

Payment includes:	Amount
<input type="checkbox"/> \$100.00 - New Licensee Application Fee	\$0.00
Total	\$0.00

[Previous](#) [Reset Selection](#) [Next](#)

Application Instructions - Screen 12

If you leave a screen open but inactive for too long (more than 15 minutes) the application session will time out and you will be taken to this screen.

1. If you completed Part I then you may login to your profile and complete your application.
2. If you did not complete and save Part I then you must start your application over.

Your session for completing your application has timed out due to inactivity.

You must login to your profile to complete the application. [Login](#) 1

If you did not complete Part I of the application then [Click Here](#) to begin your application. 2

Application Instructions - Screen 13

As indicated on Screen 6, once you have saved PART I your profile is created in the LPC system. If you did not completed your application, you may complete it through your profile. Once you login ([Login and Profile Instructions](#)) go to the App Info tab to see each part of your application. You may make changes to PARTS I - IV by clicking the Edit Part button. The "Edit Application or Review and Apply for License with Payment" button will allow you to review each part of your application and if all parts (I - VI) have been completed you can make your application payment online. **Once you check the Oath check box in PART V, you cannot make any changes to PARTS I - VI and this button and the Edit Part buttons will no longer be available.**

General Registration Education **App Info** Complaints Payments Print Forms Online Payments

App Info

Tracking: (Date Received)
Background Check:
NBCC Exam
Verification of lic in other jurisdiction:
Verification Notes:

Transcripts: School Date

Application Information

Do not apply for license until you have completed requirements.

Edit Application or Review and Apply for License with Payment

Application Date
10/3/2015

I hereby make application for Licensed Professional Counselor pursuant with the laws of the State of Mississippi and the Rules and Regulations for The Mississippi State Board of Examiners for Licensed Professional Counselors.

(check one)

☐ **APPLY FOR LICENSURE:** If you meet all licensure requirements and have taken and passed the NBCC Examination and completed your Supervised Experience in accordance with the Rules and Regulations, complete Parts I, II, III, IV, V, and VI of the Application, request an official passing grade letter from NBCC to the Board office, if it is not already on file, and submit all required supporting documents as detailed in General Instructions.

☒ **APPLY FOR LICENSURE CANDIDACY:** If you meet licensure requirements in effect at the time the application is received by the Board office and intend to take the license examination, if approved, complete Parts I, II, III, IV, V, and VI of the Application and submit all required supporting documents as detailed in General Instructions.

Do you require special accommodations for License exam? ☒ No ☐ Yes (Please provide documentation with application.)

☐ **REINSTATEMENT:** If your LICENSE LAPSED UP TO A PERIOD OF 3 YEARS (36 MONTHS), you must reapply for licensure, meet the current licensure requirements, and pay all application and renewal fees.

Are you a member of the military, veteran, or spouse of active duty military? ☒ No ☐ Yes (Please provide documentation.)

Application Instructions - Screen 14

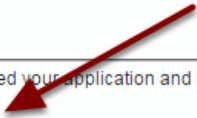
Once you have electronically signed the Oath and Affidavit And Release, the Make Payment button will be displayed. If you haven't paid your New Licensee Application Fee you may use this button to do so.

Application Information

Once you have completed PART VI of your application use the "Make Payment" button to pay your Application Fee.

You have completed your application and if you have not paid your New Application Fee you may do so at this time by clicking the Make Payment button.

Make Payment



If you aren't sure if you have paid this fee you may check the Payments tab for a list of payments you have made.

Application Date

11/18/2015 2:48:00 PM

I hereby make application for Licensed Professional Counselor pursuant with the laws of the State of Mississippi and the Rules and Regulations for The Mississippi State Board of Examiners for Licensed Professional Counselors.

(check one)

- ☐ **APPLY FOR LICENSURE:** If you meet all licensure requirements and have taken and passed the NBCC Examination and completed your Supervised Experience in accordance with the Rules and Regulations, complete Parts I, II, III, IV, V, and VI of the Application, request an official passing grade letter from NBCC to the Board office, if it is not already on file, and submit all required supporting documents as detailed in General Instructions.
- ☒ **APPLY FOR LICENSURE CANDIDACY:** If you meet licensure requirements in effect at the time the application is received by the Board office and intend to take the license examination, if approved, complete Parts I, II, III, IV, V, and VI of the Application and submit all required supporting documents as detailed in General Instructions.