How to apply for a P-LPC

Home | Site Map | Contact Us

- Statute and Rules
- Board Information
- Licensee Search
- Licensee Renewal
- Filing a Complaint
- Forms
- Continuing Education Hours
- Affiliated Links
- License Exam (How to sit for exam.)
- MS Licensure Requirements
- How To Begin Supervision
- Frequently Asked Questions
- Login

Today is: Monday, April 08, 2019

Licensee Login

If you are a Licensed Professional Counselor you can login and make updates to your information. You can also renew your license if all your requirements are current. Login and Profile Instructions

Renewals are open. Click Here for online renewal instructions

Email :

Password :

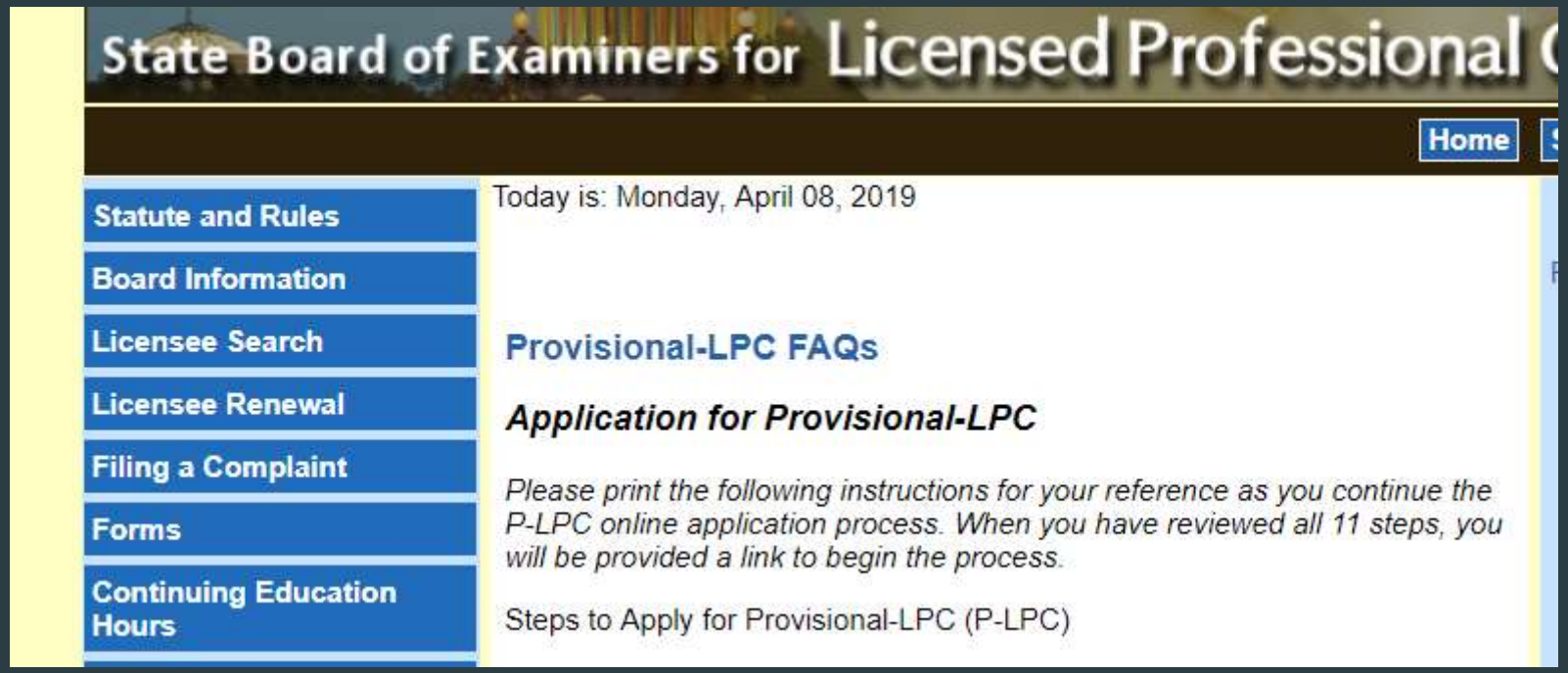
Submit

I don't remember my password.

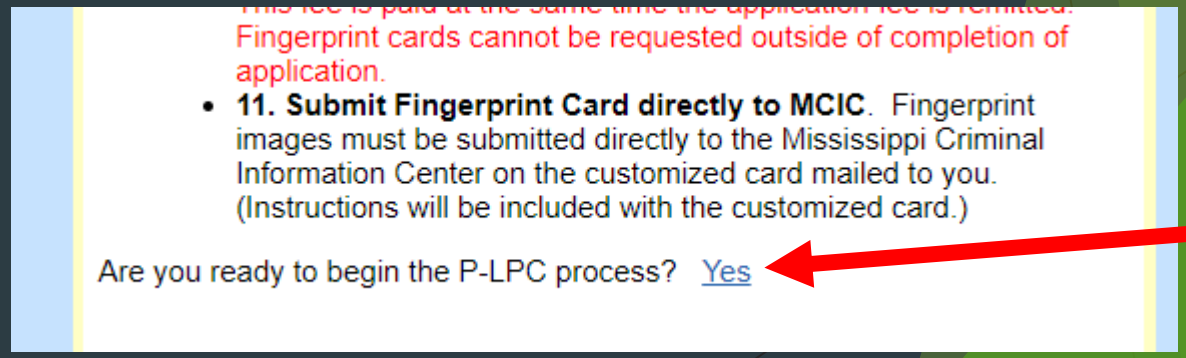
This login is only for Licensed Professional Counselors and those who have already created an online profile through the Post Graduate Supervisor Agreement or Application process.

If you are not a Licensed Professional Counselor or have not already created a profile..... Click Here.

NOTE: You will be receiving emails from Info@lpc.ms.gov and LPMordecai@lpc.ms.gov. Be sure these addresses are included in your address book,



Scroll down the page



Passed NCE

You must have received your master's degree and passed the NCE before you may begin the Provisional Application process.

Have you received your master's degree and passed the NCE? ○ Yes ○ No

Submit

Check for Existing Profile

Enter your SSN

Enter this security code in the box below: 93233

Check

Complete personal information

PERSONAL INFORMATION

Please use appropriate capitalization when entering data.
DO NOT USE ALL CAPS when entering your information

Name: Select ▾ | First Name | Middle | Last Name | Suffix

Title

(This should be your legal name as it should appear on certificate)

Name(s) as shown on transcripts and/or exam records if different from above:

PREFERRED PHONE NUMBER: ○ HOME ○ BUSINESS ○ CELL

HOME PHONE: **BUSINESS PHONE:** **CELL:**

EMAIL ADDRESS:

DATE OF BIRTH: **SOCIAL SECURITY NUMBER:** XXX-XX-6788

PASSWORD: (This will be the password to login to your LPC profile.)

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.

PREFERRED ADDRESS: ○ HOME ○ BUSINESS

BOARD CORRESPONDENCE SHOULD BE SENT TO: ○ HOME ○ BUSINESS

HOME ADDRESS: Street (**P.O. Box not acceptable) | City | Mississippi ▾ State | Zip code

BUSINESS ADDRESS: Street | City | Mississippi ▾ state | Zip code

Select ▾ County

Submit

You will get this confirmation message

- Your profile has been created.
- To continue with the Provisional process, go to the login page and enter your email address and password.
- Click here to see/print the instructions for continuing the process from your profile.

Enter your new login ID and Password

Email :

Password :

Submit

I don't remember my password.

This login is only for Licensed Professional Counselors and those who have already created an online profile through the Post Graduate Supervisory Agreement or Application process.

If you are not a Licensed Professional Counselor or have not already created a profile..... Click Here.

Complete General Information

State Board of Examiners for Licensed Professional Counselors

Today is: Monday, April 08, 2019

NOTICE!

Your picture should be psaport size.
about 200px wide and
a maxnum of 500KB.
If it is larger then this you will
receive an error and
NOT be able to save
your information!

Photo Tool
File Types Allowed: GIF,JPG,JPEG,BMP,PNG

Choose File No file chosen

License No.: 0

Last Name: Doe

First Name: Strebeck

Middle or MI:

Title: Dr.

Suffix:

SSN XXX-XX-6788

DOB: 2019-10-10

Save Changes

Logout

Password: [redacted]

Name(s) as shown on transcripts and/or exam records if different from what's shown above:

Nick name or informal name:

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

General Registration

PUBLISHED ADDRESS (Public): HOME BUSINESS DO NOT PUBLISH

PUBLISHED PHONE NUMBER: HOME BUSINESS CELL DO NOT PUBLISH

BOARD CORRESPONDENCE: HOME BUSINESS

Required List email on Board website: Yes No

Release published address and email to State and National organizations: Yes No

Home Address (Permanent not P.O. Box)

Business Address

Application information is posted here

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

App Info

For Board Office Use Only

Tracking: (Date Received in Board Office)

Background Check:
Required By:
Received On: Not Received

Transcripts: School Date

NBCC Exam Not Received
NCE Exam Not Received
NCMHCE Exam Not Received

Verification of lic in other jurisdiction: Not Received
Verification Notes:

Supervised Experience Verification Forms:

Application Information

Application Review Information

Activity

Application was started on 4/9/2019 11:41:00 AM

You must enter your Post Grad Agreement information before you can complete the P-LPC Application.
See Part III below.
Once you have done that the complete P-LPC Application button well be shown here.

Application information is posted here

Follow these directions…

For Board Office Use Only

Tracking: (Date Received in Board Office)

Background Check:
Required By:
Received On: Not Received

Transcripts: School

NBCC Exam Not Received
NCE Exam Not Received
NCMHCE Exam Not Received

Verification of lic in other jurisdiction: Not Received

Supervised Exper

Verification Notes:

Application Information

Application Review Information

Activity

Application was started on 4/9/2019 11:41:00 AM

You must enter your Post Grad Agreement information before you can complete the P-LPC Application.
See Part III below.
Once you have done that the complete P-LPC Application button well be shown here.

You must enter your Post Grad Agreement information before you can complete the P-LPC Application.
See Part III below.
Once you have done that the complete P-LPC Application button well be shown here.

Follow these directions… Because you cannot apply for a P-LPC without a supervisor

Part III is at the BOTTOM of the page

12	Internship			

PART III - SUPERVISED EXPERIENCE

Complete Post-Graduate Supervisory Agreement

View Supervised Work Experience - Worksheet

No Supervised Experience Entered.

Save Changes

Your supervisor must be a Board Qualified Supervisor.
Please select your supervisor from the list below.

If the counselor is not on the list please contact the
LPC Board office as per the information below.

Return to Profile

Strebeck, Richard - Lic # 1117 ▾ Select Supervisor

Complete supervised experience information

INFORMATION RELATED TO SUPERVISED EXPERIENCE

Name of organization or agency where experience will be gained (Complete separate form for each setting):

Address of organization or agency:

Address | City | State: Mississippi | Zip

Following table contains the ANTICIPATED dates and hours.

Start Date:	End Date:
Total Hours Per Week:	Direct Contact Hours Per Week:
Individual Supervision Per Week:	Group Supervision Per Week:

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

Type of Setting: Private Practice ○ Hospital ○ School ○ Volunteer ○
Government Agency ○ Nonprofit ○ Other ○ (describe:)

Type of Counseling Experience/Scope of Practice To Be Gained (Check all that apply) General ☐ Group ☐
Marriage &Family ☐ Drug & Alcohol ☐ Career & Vocational ☐ Rehabilitation ☐ Academic ☐
Child & Adolescent ☐ Art Therapy ☐ Other ☐ (describe)

SUPERVISEE AFFIRMATION

☐ I, as supervisee, affirm that all information provided by me on this form and in my profile is true and accurate and I affirm the following:

- That I have read the Board Rules & Regulations related to supervised experience and that all supervised experience will be completed in accordance with the Board Rules & Regulations.
- That I will meet with my supervisor at a frequency based upon these ratios: one (1) supervision hour to forty (40) hours of services provided OR one (1) hour of supervision to twenty-five (25) hours of Direct Services. For persons working part-time, supervision should occur no less frequently than every other week.
- That I will abide by all rules of the Board, including ACA ethics requirements.
- That I understand that I am practicing under the license of a Mississippi Board Qualified Supervisor, and I do not have authority to engage in the independent practice of counseling.
- That I will notify the Board if this supervisory arrangement is terminated.
- That it is my responsibility to know whether or not my supervisor is a Board Qualified Supervisor.
- That I understand any additional supervisors and settings must be filed with the Board in advance.

Add

Complete supervised experience information

INFORMATION RELATED TO SUPERVISED EXPERIENCE

Name of organization or agency where experience will be gained (Complete separate form for each setting):

Gulf Coast Mental Health Center

Address of organization or agency:	1600 Broad AVe	Gulfport	Mississippi	39503
	Address	City	State	Zip

Following table contains the ANTICIPATED dates and hours.

Start Date: 2019-04-08	End Date: 2020-04-06
Total Hours Per Week: 40	Direct Contact Hours Per Week: 25
Individual Supervision Per Week: 1	Group Supervision Per Week: 0

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

Type of Setting: Private Practice ○ Hospital ○ School ○ Volunteer ○
Government Agency ◉ Nonprofit ○ Other ○ (describe:)

Type of Counseling Experience/Scope of Practice To Be Gained (Check all that apply) General ☑ Group ☐
Marriage &Family ☐ Drug & Alcohol ☐ Career & Vocational ☐ Rehabilitation ☐ Academic ☐
Child & Adolescent ☐ Art Therapy ☐ Other ☐ (describe)

SUPERVISEE AFFIRMATION

☑ I, as supervisee, affirm that all information provided by me on this form and in my profile is true and accurate and I affirm the following:

- That I have read the Board Rules & Regulations related to supervised experience and that all supervised experience will be completed in accordance with the Board Rules & Regulations.
- That I will meet with my supervisor at a frequency based upon these ratios: one (1) supervision hour to forty (40) hours of services provided OR one (1) hour of supervision to twenty-five (25) hours of Direct Services. For persons working part-time, supervision should occur no less frequently than every other week.
- That I will abide by all rules of the Board, including ACA ethics requirements.
- That I understand that I am practicing under the license of a Mississippi Board Qualified Supervisor, and I do not have authority to engage in the independent practice of counseling.
- That I will notify the Board if this supervisory arrangement is terminated.
- That it is my responsibility to know whether or not my supervisor is a Board Qualified Supervisor.
- That I understand any additional supervisors and settings must be filed with the Board in advance.

Add

Your supervision Information is Posted under the “App Info” tab

Upload your:

- Declaration of Practice
- Supervision Contract

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

POST-GRADUATE SUPERVISOR INFORMATION (Pending)

Name: Richard (First) Middle or MI Strebeck (Last)

MS BQS Certificate #: 11 Issued: 2008-05-15

MS LPC License #: 1117 Issued: 2004-12-06 Expiration Date: 2020-06-30

Preferred Mailing Address: 11201 Old Highway 49 (Address) Gulfport (City) MS (State) 39503 (Zip)

Telephone #: (228) 596-5654 Email: richard.strebeck@gmail.com

INFORMATION RELATED TO SUPERVISED EXPERIENCE

Name of organization or agency where experience will be gained (Complete separate form for each setting):
Gulf Coast Mental Health Center

Address of organization or agency: 1600 Broad AVe, Gulfport, MS 39503

Following table contains the ANTICIPATED dates and hours.

Start Date: 2019-04-08	End Date: 2020-04-06
Total Hours Per Week: 40	Direct Contact Hours Per Week: 25
Individual Supervision Per Week: 1	Group Supervision Per Week: 0

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

Once you have complete this post grad agreement, use the Update Completed Hrs. button below to post the actual hours.

Completed Hours of Supervision
FROM WEEKLY LOG: TOTAL HOURS: 0 DIRECT CONTACT: 0 INDIRECT: 0 INDIVIDUAL SUPERVISION: 0 GROUP SUPERVISION: 0

TOTAL HOURS*: 0 DIRECT CONTACT: 0 INDIRECT CONTACT: 0 INDIVIDUAL SUPERVISION: 0 GROUP SUPERVISION: 0
*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
POST DEGREE FULL TIME PART TIME AT %

Update Completed Hrs.

Type of Setting: Private Practice Hospital School Volunteer Government Agency Nonprofit Other (describe:)

Type of Counseling Experience/Scope of Practice To Be Gained (Check all that apply) General Group Drug & Alcohol Career & Vocational Rehabilitation Academic Child & Adolescent Other (describe)

Declaration of Practices Sample/Model | Upload Declaration of Practice | Upload Contract

Upload your:
Declaration of Practice and Supervision Contract

Type of Counseling Experience/Scope of Practice To Be Gained (Check all that apply) General ☑ Group ☐
Marriage &Family ☐ Drug & Alcohol ☐ Career & Vocational ☐ Rehabilitation ☐ Academic ☐
Child & Adolescent ☐ Art Therapy ☐ Other ☐ (describe _____)

Declaration of Practices Sample/Model | Upload Declaration of Practice | Upload Contract

Supervisor Contract received on:

Your LPC-S will concur with your Declaration of Practice.

At this point, your LPC-S must agree to your supervision using the Board's online portal.

Once your LPC-S concurs, the beginning date will show

PART III - SUPERVISED EXPERIENCE

Complete Post-Graduate Supervisory Agreement

View Supervised Work Experience - Worksheet

POST-GRADUATE SUPERVISOR INFORMATION (Pending)

Name:	Richard		Strebeck
	First	Middle or MI	Last

MS BQS Certificate #: 11 Issued: 2008-05-15

MS LPC License #: 1117 Issued: 2004-12-06 Expiration Date: 2020-06-30

Preferred Mailing Address: 11201 Old Highway 49 Gulfport MS 39503

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

App Info

For Board Office Use Only

Tracking: (Date Received in Board Office)

Background Check:
Required By:
Received On: Not Received

NBCC Exam Not Received
NCE Exam Not Received
NCMHCE Exam Not Received

Verification of lic in other jurisdiction: Not Received
Verification Notes:

Transcripts: School Date

Supervised Experience Verification Forms:

Application Information

Application Review Information

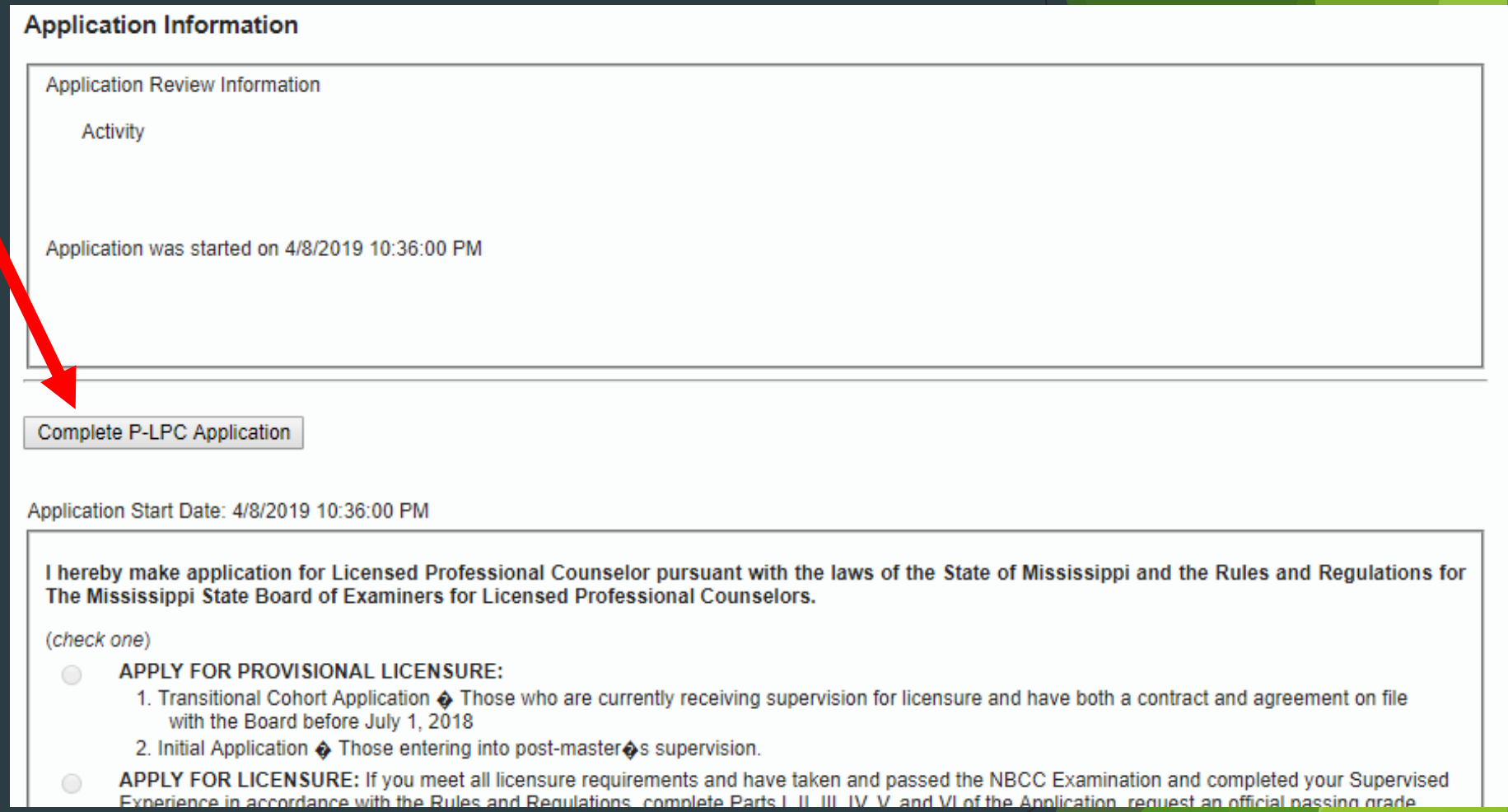
Activity

Application was started on 4/9/2019 11:41:00 AM

Complete P-LPC Application

You may work on the P-LPC Application but you may NOT complete it until you have uploaded your Declaration of Practice and Supervisor Contract for each Post Grad Supervisor Agreement.

If your LPC-S accepted your request for supervision, you will see this button…without the message



Application Information

Application Review Information

Activity

Application was started on 4/8/2019 10:36:00 PM

Complete P-LPC Application

Application Start Date: 4/8/2019 10:36:00 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 PROVISIONAL LICENSURE:

1. Transitional Cohort Application ◆ Those who are currently receiving supervision for licensure and have both a contract and agreement on file with the Board before July 1, 2018
2. Initial Application ◆ Those entering into post-master◆s supervision.

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

Complete information

Verify Information

I hereby make application for licensure 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.

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

PART I PERSONAL INFORMATION

Name: Dr. (Title) | Strebeck (First Name) | A (Middle) | Doe (Last Name) | (Suffix)

(This should be your legal name as it should appear on certificate)

Name(s) as shown on transcripts and/or exam records if different from above:

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.

PREFERRED ADDRESS: ◉ HOME ○ BUSINESS ○ DO NOT PUBLISH

BOARD CORRESPONDENCE: ◉ HOME ○ BUSINESS

Release published address and email to State and National organizations: ○ Yes ◉ No

HOME ADDRESS: 239 North Lamar Street (Street (**P.O. Box not acceptable)) | Jackson (City) | Mississippi (State) | 39201 (Zip code)

☐ Unemployed

BUSINESS ADDRESS: 1600 Broad AVe (Street) | Gulfport (City) | Mississippi (state) | 39503 (Zip code)

County: HINDS

PREFERRED PHONE NUMBER: ○ HOME ○ BUSINESS ○ CELL ◉ DO NOT PUBLISH

HOME PHONE: (228) 555-1212 BUSINESS PHONE: (228) 555-1212 CELL: (228) 555-1212

EMAIL ADDRESS: richard.strebeck@gmail.com Password: ••••••

DATE OF BIRTH: 2010-10-10 SOCIAL SECURITY NUMBER: XXX-XX-6789

Complete information

Upload picture
(Passport style)

DATE OF BIRTH: 2019-10-10 SOCIAL SECURITY NUMBER: XXX-XX-6788

NATIONAL COUNSELOR EXAMINATION (NCE) TAKEN: Yes No If Yes, Date Taken: 2019-04-08

Indicate Pass/Fail Pass Fail If Pass, Score 129/99 (your score / minimum score)

NATIONAL CLINICAL MENTAL HEALTH COUNSELOR EXAM (NCMHCE) TAKEN: Yes No

If Yes, Date Taken: Indicate Pass/Fail Pass Fail If Pass, Score

Have you requested passing scores be forwarded to the Board Yes No

NOTICE!

Your picture should be psaport size.
about 200px wide and
a maxnum of 500KB.
If it is larger then this you will
receive an error and
NOT be able to save
your information!

You must upload a pasport type picture for your file:

Choose File Richard-Strebeck-WCU.jpg

A photo meeting passport photo requirements.

Photo Requirements:

Photo Tool

Complete information

Have you ever applied for this license before? ○ Yes ◉ No

Do you currently hold or have you ever held another professional license(s) to practice mental health services in Mississippi or another state, please provide the following:

Title	License Number	Issuing State	Issue Date	Expiration Date
None		Select		
		Select		
		Select		

If you are or have ever been licensed in another State(s), please have that/those State(s) officially certify that license directly to the Board office by completing Verification of Licensure in Other Jurisdiction (Form D).

If you currently possess any national professional certifications, please provide the following:

Title	License Number	Issuing State	Issue Date
None		Select	
		Select	
		Select	

Complete information

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:	○ **Doctoral (specify:**) ○ **Specialist** ◉ **Master's** ○ **Other**
Date Awarded:	2018-12-14
Program/Major:	Counselor Education
Name of Institution:	William Carey University ▾ **If other:**
Street Address:	WCU Drive
City/State/Zip:	Hattiesburg / Mississippi ▾ / 39402

Fingerprint Card for Background Check:

- Part of the application process is to prepare a fingerprint card required for your background check. Fingerprint images must be submitted directly to the Mississippi Criminal Information Center on the customized card that will be mailed to you after you complete you application and pay your fees. Once you have paid the Background Check Processing Fee of $50 at the time of the application submittal, the Board will mail you the customized card.

☑ Check this box to indicate that you have read and understand this information related to the fingerprint card and background check.

Save and Continue to Part II | Return to Profile

Complete information – as reflected on your transcript(s)

Continue new application for Strebeck Doe

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			

Enter the appropriate classes as listed on your transcript

	Area	Course Number	Course Title	University/College
1	Human Growth and Development	COU	Class on transcript	WCU
2	Social and Cultural Foundations	COU	Class on transcript	WCU
3	Counseling and Psychotherapy Skills	COU	Class on transcript	WCU
4	Group Counseling	COU	Class on transcript	WCU
5	Lifestyle and Career Development	COU	Class on transcript	WCU
6	Testing and Appraisal	COU	Class on transcript	WCU
7	Research and Evaluation	COU	Class on transcript	WCU
8	Professional Orientation to Counseling or Ethics	COU	Class on transcript	WCU
9	Theories of Counseling Psychotherapy and Personality	COU	Class on transcript	WCU
10	Marriage and/or Family Counseling/Therapy	COU	Class on transcript	WCU
11	Abnormal Psychology and Psychopathology	COU	Class on transcript	WCU
12	Internship	COU	Class on transcript	WCU

Save and Add More

Save and Continue | Return to Profile

Attestations

Fully disclose Information

If necessary, send supporting documents

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?

Yes No a. If yes, do they in any way impair or limit your ability to practice professional counseling with reasonable skill and safety?

If Yes to 2. explain:

Yes No 3. Are you currently engaged in the illegal use of controlled substances?

Yes No

12. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

If Yes explain:

Save and Continue to Part V | Return to Profile

PART V - OATH

☑ 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

I,Strebeck Doe, of Jackson, MS 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.

I HEREBY:
SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

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.

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.

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.

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.

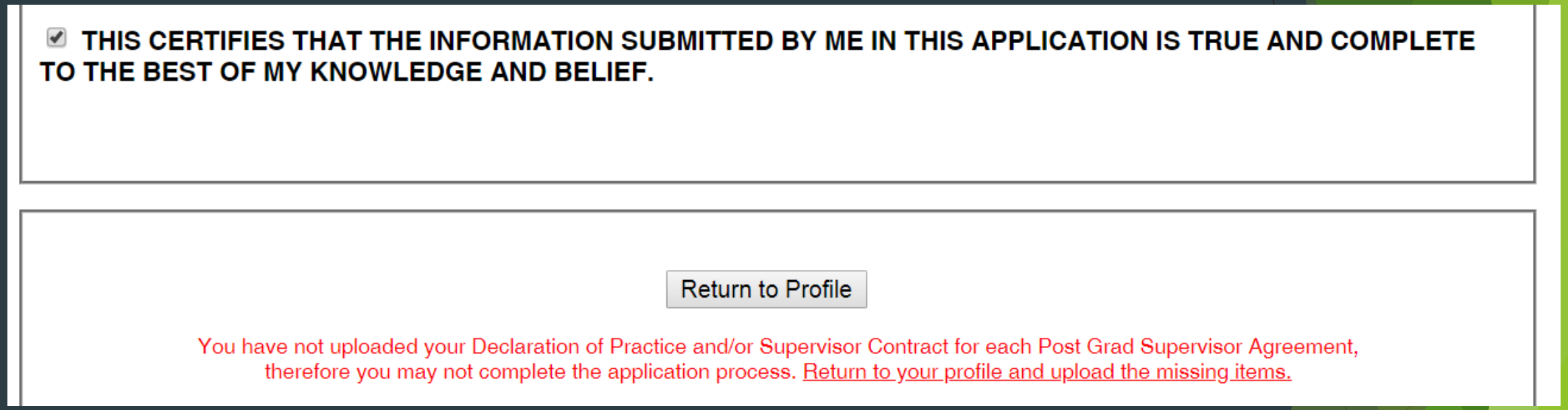
ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper valuation of my professional, ethical, other qualifications, and for resolving any doubts about such qualifications.

☑ **THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Return to Profile | Save and Continue To Payment

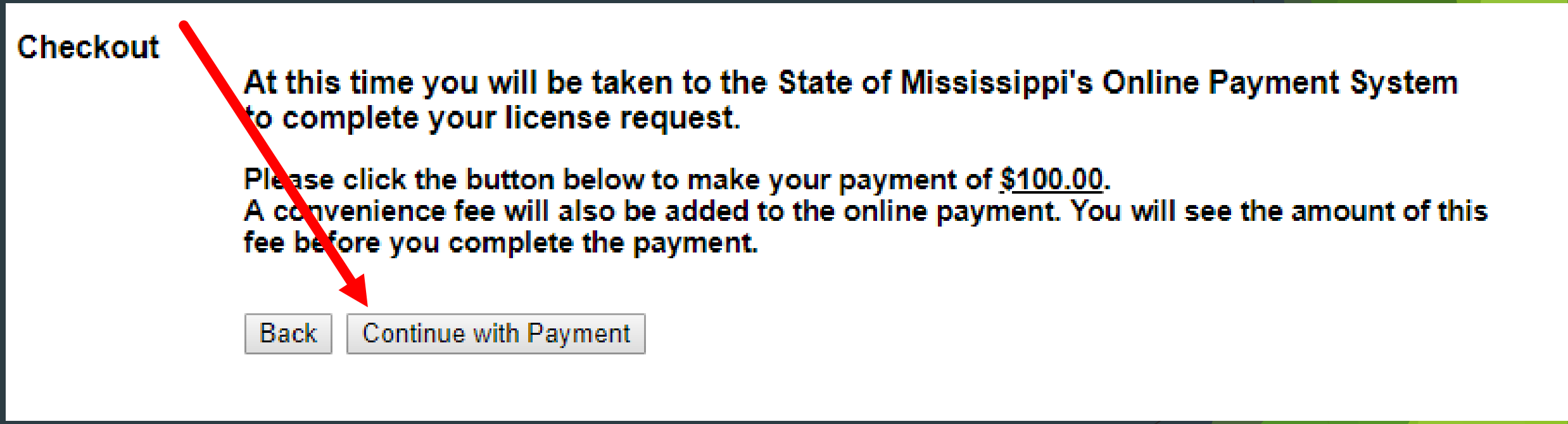
If your LPC-S has accepted the online request to supervise you, then you can complete the application and make payment

If your LPC-S has not accepted the online request for supervision, you will get this screen



You cannot complete the application process until your LPC-S accepts your online request for supervision.

Once your LPC-S has accepted the online request for supervision, you can proceed to the online payment process.



Once your LPC-S has accepted the online request for supervision, you can proceed to the online payment process.

Online Payment

Payment from Strebeck A Doe

Receipt Number: OL-14208

Check the box next to your license amount

Payment includes:	Amount
☑ $50.00 - New Provisional Licensee Application Fee through 2020-4-8	$50.00
◉ $ 50 - Fingerprint Processing Fee (A fingerprint card is required to process your background check. The Board will mail you a fingerprint card with instructions.)	$50.00
Total	$100.00

Previous | Reset Selection | Next

If your fees will be paid by a third party
or you want to mail in a check
click the Pay By Check button below.

Your application will not be processed until your payment is received.

Pay By Check

MISSISSIPPI'S OFFICIAL STATE WEBSITE ms.gov

Contact

1 Payment Type | 2 Customer Info | 3 Payment Info | 4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
200000001	This payment includes; Application for Provisional Licensure; Fingerprint Processing	$100.00	1	$100.00
Total				$100.00

Payment

Payment Type

Payment Type *

Credit Card

Next

Transaction Summary

This payment includes; Application for Provisional Licensure; Fingerprint Processing	$100.00
ms.gov Order Total	**$100.00**

Need Help?

Select Payment Method and Continue to proceed with payment. You will receive a printable receipt at the end of your successful payment transaction.