Mississippi State Board of Examiners For Licensed Professional Counselors

www.lpc.ms.gov

2016 LPC RENEWAL APPLICATION

1. Name:_____
First Middle Last

Has your name changed since last application/renewal? ☐ No ☐ Yes (Please attach legal documentation, fee, and original wall certificate. Rule 6.3.(C))

2. Home Address:_____
Street Address/No P.O. Box City State ZIP

3. Work Name & Address: _____
Work Name

_____
Street Address/No P.O. Box City State ZIP

4. Address to mail all correspondence (Check One) ☐ Home ☐ Work

5. Address to post on Board website (Check One) ☐ Home ☐ Work ☐ None

6. Release published address and email to State and National counseling related organizations? (e.g. ACA, AMHCA, NBCC, MCA, and MLPCA) ☐ Yes ☐ No

7. Home Telephone:_____ Work Telephone:_____ Cell Phone:_____

8. Email: _____ List email address on the Board website? ☐ Yes ☐ No

9. LPC License Number: _____ 10. Issue Date: _____

11. Board Approved LPC-S? ☐ Yes ☐ No (If yes, complete the Supervisee Update Form and $50 payment to renew LPC-S designation.)

ALL OF THE FOLLOWING PERSONAL AND LICENSURE HISTORY QUESTIONS MUST BE ANSWERED.
If you answer "Yes" to ANY of the following questions, explain in full by notarized addendum to the renewal. 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 renewal. The failure to accurately disclose information will result in immediately denial of renewal.

☐ Yes ☐ No 12. 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?

☐ Yes ☐ No 13. 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?

☐ Yes ☐ No 14. Are you currently engaged in the illegal use of controlled substances?

☐ Yes ☐ No 15. Have you ever had an application for a license to practice professional counseling in any state, country, or province, denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?

☐ Yes ☐ No 16. Have you ever had a license or certificate in any mental/health care profession, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or that You voluntarily surrendered under threat of investigation or disciplinary action?

17. In relation to the performance of your professional services in counseling or any profession:
☐ Yes ☐ No a. Have you ever had a final judgment rendered against you;
☐ Yes ☐ No b. Have you ever had settlement of any legal action rendered against you; or
☐ Yes ☐ No c. Are there any legal actions pending against you or to which you are a party?

☐ Yes ☐ No 18. Have you ever been rejected or censured by a professional association?

☐ Yes ☐ No 19. Is there currently pending, in any jurisdiction, a complaint against your professional conduct of competency in counseling or any profession?

☐ Yes ☐ No 20. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice or lack of professional competence?

☐ Yes ☐ No 21. Have you EVER been found guilty after trial, or pleaded guilty, no contest, or nolo contendre to a crime (felony or misdemeanor) in any court, excluding minor traffic violations? Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.

☐ Yes § ☐ No 22. Have you ever been convicted of any criminal offense?

☐ Yes ☐ No §§ 23. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

Pursuant to Miss. Code § 73-30-908, the Board may require applicants for license renewal to apply to the Department of Public Safety (DPS) for a state and national background check which will include consulting sex offender registries. If LPC issue date is prior to June 30, 2010, you are required to complete a background check through DPS. If all renewal documents are received prior to June 30, 2016, and found to be satisfactory, the Board will renew LPC contingent upon the receipt of clear background check prior to September 1, 2016. Form and Fee mailed directly to DPS.

Enclosed Renewal Application Materials: (please check all that apply)

- ☐ Original, Completed, & Signed LPC RENEWAL APPLICATION
- ☐ $220.00 License Renewal Fee (Check or Money Order Payable to MS LPC Board)
- ☐ $50.00 LPC-S Renewal Fee (Check or Money Order Payable to MS LPC Board), if applicable
- ☐ Completed Supervisee Update Form, if applicable
- ☐ Completed CEH Reporting Form for period 7/1/14 – 6/30/16
- ☐ CEH Documentation (if AUDITED or renewing after deadline)
- ☐ Passport Style Color Photo
- ☐ $30.00 and Documentation to Change Name, if applicable

Statement of Understanding:

I, the undersigned LPC, do hereby apply for licensure renewal by the Licensed Professional Counselors Board of Examiners. **I understand that renewal is contingent upon satisfactory completion of all requirements.** I affirm under penalty of perjury that all statements made and information contained in this Renewal Application are true and correct to the best of my knowledge and belief. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of the license to practice as a LPC in the State of Mississippi and forfeiture of the renewal fee(s). **I certify that I have completed a minimum of 24 Continuing Education Hours including 6 hours in professional ethics or legal issues in the delivery of counseling services as defined in Mississippi Administrative Code §73-30-29.**

Signature _____ Date _____

When submitting paper forms, receipt by June 20, 2016, guarantees adequate time to process prior to June 30th and to maintain CURRENT license status
FAXED APPLICATIONS/COPIES NOT ACCEPTED. ORIGINAL APPLICATION & ORIGINAL SIGNATURE REQUIRED. ALL LATE RENEWALS ARE ASSESSED A LATE FEE.

Mississippi State LPC Board
239 N. Lamar Street, Suite 402
Jackson, MS 39201
(601) 359-1010; www.lpc.ms.gov

For Board Office Use Only:
_____ Date Received
_____ Renewal Fee Received
_____ LPC-S Renewal Fee Received
_____ CEH Reporting Form Received
_____ CEH Documentation
_____ Passport Style Color Photo
_____ DPS Background Check & Fee
_____ Name Change Fee &
_____ Documentation

MISSISSIPPI BOARD OF EXAMINERS FOR LICENSED PROFESSIONAL COUNSELORS

Continuing Education Hours(CEH) Reporting Form (Make additional copies of this form if needed)

Name (Print): _____ **License Number**:_____ **Page** ___ of ___

Date	Title of CE Activity	Name of Sponsor(s)	Number Of Contact Hours	Credit Type: (Regular or Ethics/Legal)	Provider Status: (NBCC, etc.)

I certify that this information is correct and meets acceptable requirements of the Rules and Regulations of the Board.

0.00 _____ Total Hours, this page
_____ Ethics/Legal Hours, this page
_____ Supervision Hours, this page

Signature: _____

SUPERVISEE UPDATE FORM

LPC-Supervisor (LPC-S) renewal coincides with LPC renewal.
All LPC-Supervisors are required to complete, sign, and submit this form even if you choose not to renew your LPC-S designation.

- If you do not have any supervisees, please check this box: ☐
- If you **DO NOT want to renew your supervisor designation,** please check this box: ☐

To renew your supervisor designation, you must renew your LPC license, submit an **additional $50 fee**, and **submit proof of completion of two (2) CEH specific to clinical supervision**.

If you were approved by the Board as an LPC-S in 2016 and your license renewal date is 6/30/2016, you are **NOT** required to renew this designation until 2018; however, you are still required to complete and submit this form.

INSTRUCTIONS: Provide the names of all supervisee's you currently supervise as well as all supervisees you may have met with in the past two years (since the last renewal) whether or not that service has been completed, the last supervision meeting date upon which you met with the supervisee, and a brief status update on your supervisee's progress (including any issues or concerns). Please submit additional pages if necessary. The online renewal process would allow you to review the list of your supervisees in your profile to determine if accurate and complete or if it needs to be updated.

Supervisee Name	Date of Last Meeting	Status Update

Attestation Statement: By my signature below, I attest the information provided herein is accurate. I understatnd completion of the Supervisee Update Form is required and that I may not supervise anyone without a Supervisory Agreement and Contract on file with the Board office. Furthermore, I understand that I must renew my supervisor designation in order to supervise.

Supervisor Name (please print legibly) _____

Supervisor Signature _____ Date _____

If all other renewal forms are received by June 20, 2016, renewal will be processed contingent upon receipt of background check from DPS. A clear background check must be received by September 1, 2016, to maintain Active status.

MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY
AUTHORIZATION TO RELEASE INFORMATION

MCIC POLICY: 9.006

THIS FORM MUST BE **COMPLETED** AND **SIGNED.** (MUST BE PRINTED AND LEGIBLE)

IF THE CRIMINAL BACKGROUND CHECK RESULTS ARE TO BE RELEASED TO A **THIRD PARTY**, YOU **MUST** PROVIDE THE THIRD PARTY NAME AND MAILING ADDRESS IN **BLOCKS 11, 12, 13, 14 & 15.**

IF THE CRIMINAL BACKGROUND CHECK RESULTS ARE TO BE FAXED, YOU **MUST** PROVIDE A FAX NUMBER IN **BLOCK 16**.

SUBMIT THIS FORM WITH A $32.00 MONEY ORDER TO: MONEY ORDER #	**MS DEPARTMENT OF PUBLIC SAFETY** **ATTN: CIC/BACKGROUND CHECKS** **3891 HIGHWAY 468WEST** **PEARL, MISSISSIPPI 39208**

REASON FOR CRIMINAL BACKGROUND CHECK: ☐ ADOPTION ☐ IMMIGRATION ☑ OTHER

1. NAME (LAST,FIRST & MIDDLE INITIAL)		**2. ADDRESS**		
3. CITY		**4. STATE**		**5. ZIP CODE**
6. SOCIAL SECURITY NO.	**7. DOB** (YYYYMMDD)	**8. RACE**	**9. SEX**	**10. PHONE NO.**

I AUTHORIZE AND CONSENT TO RELEASE A (FINGERPRINT) OR (NAME) BASED BACKGROUND CHECK TO:

11. NAME (LAST,FIRST & MIDDLE INITIAL)	**12. ADDRESS**		
MS Board of Examiners for Licensed Professional Counselors	239 North Lamar Street; Suite 402		
13. CITY	**14. STATE**	**15. ZIP CODE**	**16. FAX NO.**
Jackson	MS	39201	DO NOT FAX

AND, REQUEST THE INSPECTION OF **ANY AND ALL CRIMINAL RECORDS INFORMATION** IN THE POSSESSION OF OR ACCESSIBLE BY THE MISSISSIPPI JUSTICE INFORMATION CENTER, INCLUDING, BUT NOT LIMITED TO, ANY PAST HISTORY OF A CRIMINAL OFFENSE(S) FOR WHICH I MAY HAVE BEEN CHARGED OR CONVICTED.

BY GIVING THE ABOVE-DESCRIBED RELEASE, I HEREBY WAIVE ANY AND ALL CLAIMS OR LIABILITY FOR COMPLIANCE WHICH I MAY NOW HAVE OR MAY HAVE IN THE FUTURE AGAINST THE STATE OF MISSISSIPPI, THE MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY AND THE MISSISSIPPI JUSTICE INFORMATION CENTER, IT'S EMPLOYEES AND AGENTS, CONCERNING SAID INFORMATION, AND DO HEREBY INDEMNIFY THE STATE OF MISSISSIPPI, THE MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY AND THE MISSISSIPPI JUSTICE INFORMATION CENTER, IT'S EMPLOYEES AND AGENTS, AGAINST ANY AND ALL FUTURE ACTIONS WITH REFERENCE TO THE RELEASE OF THE ABOVE-DESCRIBED INFORMATION AND THE CIRCUMSTANCES SURROUNDING THE SAME.

SIGNATURE	**DATE**
WITNESS TO SIGNATURE	**DATE**

RESULTS OF INQUIRY (MDPS/CIC USE ONLY):