



**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?  
 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?  
 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 contendere 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 30<sup>th</sup> 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](http://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
_____	Name Change Fee &
_____	Documentation





**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:	<b>MS DEPARTMENT OF PUBLIC SAFETY ATTN: CIC/BACKGROUND CHECKS 3891 HIGHWAY 468WEST PEARL, MISSISSIPPI 39208</b>
MONEY ORDER #	

REASON FOR CRIMINAL BACKGROUND CHECK:       ADOPTION                       IMMIGRATION                       OTHER

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

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

<b>11. NAME (LAST, FIRST &amp; MIDDLE INITIAL)</b>		<b>12. ADDRESS</b>		
MS Board of Examiners for Licensed Professional Counselors		239 North Lamar Street; Suite 402		
<b>13. CITY</b> Jackson		<b>14. STATE</b> MS	<b>15. ZIP CODE</b> 39201	<b>16. FAX NO.</b> 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.

<b>SIGNATURE</b>	<b>DATE</b>
<b>WITNESS TO SIGNATURE</b>	<b>DATE</b>

**RESULTS OF INQUIRY (MDPS/CIC USE ONLY):**