**MISSISSIPPI STATE BOARD OF EXAMINERS FOR**
**LICENSED PROFESSIONAL COUNSELORS**

## REQUEST FOR VERIFICATION OF LICENSE

Requests for License Verification from provider networks, insurance companies, etc. must be received in the MS LPC Board office via mail, email or fax. **No verifications will be given over the phone.** Please submit request using your organization's form or the below form. Complete "Requestor" section prior to submission. Licensee information can be found using the "Licensee Search" at www. lpc.ms.gov .

### REQUESTOR

LPC Name: _____

Title of License: Licensed Professional Counselor

License Number: _____ (four digits)

Original Issue Date: _____

Expiration Date: _____

How to return information: _____

Requestor's Name: _____

Requestor's Company: _____

Requestor's Phone #: _____

Signature: _____

### MS LPC BOARD OFFICE

License Status: _____ License in Good Standing: ❑ Yes ❑ No

Are there any disciplinary actions initiated or pending against this licensee by the MS State Licensing Board? ❑ Yes ❑ No

Has this applicant's license to practice ever been denied, limited, suspended or revoked? ❑ Yes ❑ No

_____ _____ _____
Person verifying Title Date Verified

**Send Request for Verification of License to:**

**Mail:** Mississippi Board of Examiners for Licensed Professional Counselors
239 N. Lamar Street, Suite 402 • Jackson, MS 39201
**Email:** info@lpc.ms.gov
**Fax:** (601) 359-1030