

LPC RENEWAL INSTRUCTIONS 2013-2015

(For the LPC that has completed one or less renewal cycles)

The processing time for a renewal application is six (6) weeks. Therefore, if your license must be verified by an employer, insurance company, etc., on July 1, 2015, you must submit your renewal application to the Board office on or before May 15, 2015. If you submit a complete and correct renewal application packet on or before May 15, 2015 and it is approved, we will be able to verify your license on July 1, 2015.

If you have completed the required thirty-five (35) continuing education contact hours, you may submit your completed renewal application packet to the Board office at any time between now and June 30, 2015. If you need verification that your renewal packet reached our office, send it return/receipt certified. We will be unable to return phone calls concerning this matter.

These instructions are to expedite processing your renewal application. Applications not adhering to the instructions could be delayed.

Licenses NOT renewed on time (See Series 3 for more details at www.wvbec.org)

All licenses not renewed by the renewal date each renewal cycle shall expire. Any individual who has not renewed his or her license and who continues to practice after his or her license has been expired will be deemed guilty of unlicensed practice.

All expired licenses, within 60 days after the renewal date, may renew their license upon payment of a renewal fee and a late fee.

After the 60 days, individuals with expired licenses may reinstate their license upon payment of a renewal fee and a reinstatement fee.

Ethics Requirement

Effective July 1, 2001, the WVBECE required all West Virginia Licensed Professional Counselors to obtain during each renewal cycle, 3 contact hours in ethics based on the American Counseling Association (ACA) Code of Ethics. As the code of ethics adopted by the West Virginia Board of Examiners in Counseling, the ACA code establishes principles that define the ethical behavior of licensed professional counselors. All LPC in West Virginia are required to adhere to the Code of Ethics and the Standards of Practice. The Code of Ethics will serve as the basis for processing ethical complaints initiated against West Virginia LPC. Ethical offerings approved through the WVBECE are posted on www.wvbec.org.

ALPS Requirement

A licensee with approved professional supervisor counselor status shall complete three (3) of the thirty-five (35) contact hours in clinical counseling supervision. The three hours can be completed as part of the 20 hours of home study or in a formal program. The program selected must have the words "clinical supervision" in the title or the description of the offering.

Mail your renewal to: **License Renewal, West Virginia Board of Examiners in Counseling,
815 Quarrier Street, Suite 212 Charleston, WV 25301**

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Page 2 CHECKLIST

Complete the Application for Renewal (Front and Back)

*Please print legibly, type or use the fill-able forms on the website

*Sign and date the second page

Complete the Continuing Education (CE) Recording Form

Date: Complete the form with the program dates in order starting with the earliest (Ex: 07/01/13, 10/06/13, 02/13/14, etc.)* ***ONE EXCEPTION:** the ACA ethics is listed first and next, if applicable, the ALPS clinical supervision training certificate is listed second.

Course/Activity: Name of program/activity attended or fulfilled. Large conferences DO NOT have to be broken down into sessions on the recording form. On a large conference, the presenter's name and credential info can be the most prominent speaker or highest degreed speaker for the conference.

Focus Area: Each program attended should fulfill a counseling skill focus area. Please refer to page three (3) of these instructions for the focus descriptions and choose one or more for each program you have logged on the recording form.

Provider Name: Organization or Individual providing the program

Presenter's Names & Credential: Name of presenter & his/her credentials (Ex: J. Bly, MA).

Number of Contact Hours: Write the number of hours you earned in the program.

Formal or Online/Home Study: Write F or O in the column.

Attach copies of the completed CE certificates to the Recording Form.

*Place the copies (ACA Ethics & ALPS Clinical Supervision first) behind the recording form in the same order the offerings are listed on the recording form.

*Use a highlighter to highlight the following items on each of the CE certificates: title of offering, date of offering, number of contact hours, approval number, presenter's name and credentials.

*In the upper right hand corner of all certificates, write your name and license number. Labels are a convenient way to complete this task.

 Enclose a check or money order payable to WVBEAC for \$220.00 Renewal fee can be paid by credit card at www.wvbec.org. There is a convenience fee of \$4.95. Follow the instructions at the credit card payment tab, **PRINT your receipt and include it with your renewal materials.** (Please do not email the receipt.) Please clip (**do not staple**) your check to the top of the application.

 Mail the Application, Recording Form, and renewal fee or copy of credit card receipt to License Renewal, West Virginia Board of Examiners in Counseling, 815 Quarrier Street, Suite 212 Charleston, WV 25301. Please do not tape the seal of the envelope.

If you would like verification your renewal application reached the board office, please send it return/receipt certified. Thank you.

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Focus Areas

- A **Human Growth and Development** – includes nature and needs of individuals at all developmental levels following psychological, sociological and physiological approaches. Also includes human behavior (normal and abnormal), personality theory, learning theory, dynamics of stress, and medical/functional implications of disability.
- B **Social and Cultural Foundations** – includes studies of social change, ethnic groups, subcultures, mores, urban and rural societies, population patterns, use of leisure time, work, and differing life patterns.
- C **Group Dynamics** – includes theories, practices, methods, dynamics, facilitative skills and supervised practice.
- D **Life-style and Career Development** – includes vocational-choice theory, relationship between career choice and life-style, occupational and educational information, career decision-making processes, career development exploration, and placement techniques.
- E **Individual Appraisal** - includes individual differences, methods of data gathering and interpretation, individual and group testing, and case study.
- F **Research and Evaluation** – includes statistics, research design, research proposals, and evaluation.
- G **Professional Responsibilities** – includes goals and objectives of counseling organizations, codes of ethics, legal considerations, standards of preparation, certification and licensing, advocacy, confidentiality, and the role identity of counselors.
- H **Community Resources** – includes development and implementation of community resource references and materials for client referral.
- I **Supervision** - includes the theory and practice of supervision with experiential components.
- J **Counseling Theories** – includes a study of basic theories and principles of counseling and philosophic bases of the helping relationship.
- K **Counseling Techniques** – includes individual counseling practices, methods, facilitative skills, and application of these skills.

Mail your renewal to: **License Renewal, West Virginia Board of Examiners in Counseling,
815 Quarrier Street, Suite 212 Charleston, WV 25301**

West Virginia Board of Examiners in Counseling LPC Renewal Application Form 2013-2015

Please Print legibly or Type

LPC License # _____ Social Security # xxx-xx-_____

Name _____
FIRST MIDDLE LAST

Home Address _____
 Please check here if this is a new address Street City State Zip

County of Residence _____ Home Phone _____

Present Employment (Only list primary job) Please indicate if Retired or Unemployed

Position _____ Dates _____

Employer _____

Address _____ County _____
Street City State Zip Code

Work Phone _____ Work Fax _____

Employer Category Private Practice Non-Profit Agency Profit Agency Hospital
 Federal or State Agency College or School Other _____

Primary Email Address- Please PRINT: _____

Check mark the area(s) of competence in counseling and the services that you provide, based on training and experience, from the following list below, as is appropriate (and as reflected on your statement of professional disclosure):

- Career counseling
- Consultation
- Diagnosis and treatment of mental & emotional disorders
- Employee Assistance Counseling
- Family Counseling
- Human Resources Counseling
- Marriage Counseling
- Clinical Mental Health Counseling
- Rehabilitation Counseling
- School Counseling
- Substance Abuse & Addictions
- Supervision
- Vocational Counseling
- Other: _____
- _____
- _____

For Board Use Only:

Renewal Approved YES NO Date Approved ___/___/___

If no, action needed _____

Of Hours Approved _____ Renewal returned ___/___/___

Amount Pd. \$0 \$220.00

Online Credit Card Payment
or Check # _____

Computer Printed Sticker Mailed Sticker

▶ **Turn over to Page 2**

Please check other CURRENT Licenses, Credentials, and/or Certifications you hold

ALPS LMFT School Counselor _____ _____

National Certified Counselor Certified Rehabilitation Counselor Certified Addictions Counselor

WV Social Work License TSW LSW LCSW LICSW Expiration Date _____

WV Psychology License Supervised Clinical School Expiration Date _____

Are you an active member of ACA _____ Are you an active member of AAMFT? _____

Are you an active member of NBCC _____

Have you, in West Virginia or in any other State or Commonwealth, You must check one

- | | | |
|---|------------------------------|-----------------------------|
| 1). Had any license or certification to practice suspended, revoked, or subjected to any kind of disciplinary action? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2). Been convicted of a felony or crime involving moral turpitude? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3). Been an alcohol or drug abuser as defined in WV Code 30-31-8? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4). Been under declaration of mental incompetence? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5). Attempted to obtain a licensure by fraud, deceit, or willful misrepresentation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6). Failed or refused to comply with provisions of licensure laws or promulgated laws? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7). Violated a counseling Code of Ethics? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8). Impersonated another licensed professional counselor? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9). Allowed your name or license to be used by another person? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

FOR ANY "YES" RESPONSE, USE A SEPARATE SHEET FOR EXPLANATION

I am applying for LPC licensure renewal by the West Virginia Board of Examiners in Counseling. I am submitting _____ contact hours from July 1, 2013 through June 30, 2015. I understand renewal is contingent upon satisfactory completion of all the requirements. I attest I have given neither false nor misleading information in this application. I also understand that false or misleading information in connection with this application may be cause for rejection of the application, revocation of the license, and/or possible legal action for such fraudulent information.

If this is your **FIRST RENEWAL** please write the date you were licensed ____/____/____ and the # of contact hours _____ you are required to complete for this renewal. Please refer to your initial email notification at the time of licensure for this information.

Do you own all or part of a business that operates within West Virginia? Yes*** No

***If yes, please enter the FEIN number of your business _____

WV2-6(18) provides that a board may not issue or renew a license for you to engage in the practice of a profession if you are in default under either the unemployment or workers compensation laws, or both laws of the state.

Signature _____ Date Signed _____

THIS APPLICATION MUST BE SUBMITTED ON OR BEFORE JUNE 30, 2015 IN ORDER FOR YOUR LICENSE TO REMAIN CURRENT AND AVOID PAYING THE LATE FEE.

WVBEC LPC Continuing Education Recording Form for Renewal Cycle 2013-2015

- List your ACA based Ethics certificate FIRST– (ALPS training next, if applicable)
- List the remaining certificates chronologically starting with the earliest program.

Date Of Offering	Course/Activity or Book/Publication	Focus Area	Provider Name or Publisher Name	Presenter's Name & Credentials	Number Contact Hours	Formal -OR- Online/ Home Study
		G - Ethics				

Contact hour Total/Subtotal: _____

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