

**STATEMENT OF PROFESSIONAL DISCLOSURE  
LICENSED PROFESSIONAL COUNSELOR  
STATE OF WEST VIRGINIA**

Counselor's Name \_\_\_\_\_

Business Name &  
Address \_\_\_\_\_

Phone Number \_\_\_\_\_ WV LPC Number \_\_\_\_\_

**FORMAL PROFESSIONAL EDUCATION**

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_

**PROVIDING COUNSELING IN THE FOLLOWING AREAS**

\_\_\_\_\_

Note: The Board of Examiners in Counseling does not screen for qualifications in individual counseling specialties.

**FEE SCHEDULE**

\_\_\_\_\_

Upon request your counselor will provide you with a copy of the Statement of Code of Ethics.

**Any questions, concerns, or complaints relating to the delivery of service by the counselor listed above, may be directed to:**

**1-800-520-3852**

**WEST VIRGINIA BOARD OF EXAMINERS IN COUNSELING  
815 Quarrier Street, Suite 212  
Charleston, West Virginia 25301**

This information is required by the Board of Examiners in Counseling which regulates all  
Licensed Counselors.