



West Virginia Board of Examiners in Counseling

815 Quarrier Street, Suite 212
Charleston, West Virginia 25301

Telephone: (304) 558-5494

Email: counselingboard@msn.com

website: www.wvbec.org

LMFT RENEWAL APPLICATION 2018 Page 1

LMFT License # _____ LMFT License Issue Date: _____ Social Security # xxx-xx-_____
Name _____
FIRST MIDDLE LAST
Home Address _____
Please check here if this is a new address Street City State Zip Code
County of Residence _____ Home Phone _____
Present Employment (Only list primary job) Please indicate if: Retired or Unemployed
Position _____ Dates _____
Employer _____
Address _____
Street City State Zip Code
County _____
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 specialty areas, based on training and experience, from the list below, as is appropriate (and as reflected on your statement of professional disclosure):
Career Counseling/Therapy Rehabilitation Counseling/Therapy
Consultation School Counseling/Therapy
Diagnosis and treatment of mental & emotional disorders Substance Abuse & Addictions
Employee Assistance Counseling/Therapy Supervision
Family Therapy Vocational Counseling/Therapy
Human Resources Counseling/Therapy Other: _____
Marriage Counseling/Therapy _____
Clinical Mental Health Counseling/Therapy _____

For Board Use Only:
Renewal Approved YES NO Date Approved ____/____/____ Amount Pd. \$0 \$145.00
If no, action needed _____ Online Credit Card Payment or Check # _____
Of Hours Approved _____ Renewal returned ____/____/____
Computer: _____ Mailed Sticker: _____



West Virginia Board of Examiners in Counseling

815 Quarrier Street, Suite 212
Charleston, West Virginia 25301

Telephone: (304) 558-5494

Email: counselingboard@msn.com

website: www.wvbec.org

LMFT RENEWAL APPLICATION 2018

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

- ALPS, LPC, School Counselor, Other:
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 AAMFT, ACA?
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?
2). Been convicted of a felony or crime involving moral turpitude?
3). Been an alcohol or drug abuser as defined in WV Code 30-31-9?
4). Been under declaration of mental incompetence?
5). Attempted to obtain a licensure by fraud, deceit, or willful misrepresentation?
6). Failed or refused to comply with provisions of licensure laws or promulgated laws?
7). Violated a marriage & family therapy Code of Ethics?
8). Impersonated another licensed marriage and family therapist?
9). Allowed your name or license to be used by another person?

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

I am applying for LMFT licensure renewal by the West Virginia Board of Examiners in Counseling. I am submitting contact hours from (LMFT 2016 Renewal Date) through June 30, 2018. 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, 2018 IN ORDER FOR YOUR LICENSE TO REMAIN CURRENT AND AVOID PAYING THE LATE OR REINSTATEMENT FEE.