

UPDATE your contact information with WVBE

Per Series 1, LPC Licensing Rule, Section 12.2 - A licensee shall notify the Board within thirty (30) days of any change of his or her legal name, primary address, telephone number, email address or similar change of location or status.

LPC LMFT Provisionally Licensed Counselor Provisionally Licensed Marriage & Family Therapist
Please check mark your license title above and provide License # _____

Check here if your legal name has changed & include a copy of the appropriate court documents (i.e. marriage certificate, copy of driver's license, etc.), and the \$5 processing fee, per Series 2, Fee Rules.

Check here if you are requesting a license replacement document(s), AND include the fee of \$10, per Series 2, Fee Rules. Please indicate which document(s) you are requesting:

- For LPC & LMFT – Wall Certificate (not a legal document & does not include expiration date)
- For LPC & LMFT – License Renewal Cards (two cards will be issued)
- Provisional License certificate

Check here if your employer has changed. Please also complete and include a copy of the Professional Disclosure Form. Fillable form can be found on our website at the Popular Forms tab/LPC or LMFT forms. The original will need to hang next to your license certificate.

Check here to update your contact information with the information included below. Thank you.

Name: _____
First
Middle
Last

Primary Email address: _____

Home Address: _____
Box or Street # and Name
City
State
Zip Code

Home phone: _____ County of Residence: _____

Employer: _____

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

Position: _____

Address: _____
Box or Street # and Name
City
State
Zip Code

Work phone _____ County of Employer: _____

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

ALPS LPC LMFT School Counselor _____ _____

National Certified Counselor Certified Rehabilitation Counselor Certified Addictions Counselor

WV Social Work License – title of license _____ Expiration Date _____

WV Psychology License – title of license _____ Expiration Date _____

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

Are you an active member of NBCC _____?

**Mail completed form and fee, if applicable, to:
WVBE, 815 Quarrier Street, Suite 212, Charleston, WV 25301**