

UPDATE your contact information with WVBECC - LPC or LMFT

(Circle one)

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.*

Check here if your legal name has changed AND include a copy of the appropriate court documents along with the \$5 processing fee, per Series 2, Fee Rules.

Check here if you are requesting a license replacement document, AND include the fee of \$10, per Series 2, Fee Rules.

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 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 Number

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 Number

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 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 _____

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