

West Virginia Board of Examiners in Counseling
815 Quarrier Street, Suite 212
Charleston, WV 25301
(800) 520-3852
Email: rclay27@msn.com
www.wvbec.org

PROFESSIONAL DISCLOSURE

Licensees are required to display a professional disclosure statement at the place where services are performed and to make a copy of the statement available to clients upon request. The information to be included on the professional disclosure statement is as follows:

1. The name, title, business address, and business phone number of the licensee performing the service.
2. The formal professional education of the licensee, including his/her academic degree, the institutions awarding those degrees and the dates they were received.
 - a. "Formal professional education" means the licensee's academic training related to counseling which meets the educational requirements for licensure as a counselor.
 - b. Academic degrees that do not meet the requirements for licensure, are not formal professional education as defined by the Board of Examiner in Counseling rules and should not be listed.
3. In listing areas of competence and services provided on the professional disclosure statement, the licensee shall adhere to the scope of practice of marriage and family therapy and delivery of services as defined in W. Va. Code §30-31-3(g), and as cited in W. Va. Code §30-31-9.
4. The fee schedule: If you are in private practice the fee schedule should reflect the cost of your services. If you work for an agency (profit or non-profit) the fee schedule should reflect the fee your agency charges the client for your services.

The following legal and ethical principles apply in providing the professional disclosure statement:

1. The provision of the professional disclosure statement is the sole responsibility of the licensee. A copy of the professional disclosure statement must be submitted to the Board upon request. (Need copy of your statement within 15 days)
2. The purpose of professional disclosure is to provide sufficient information to aid the consumer public in making informed judgments and choices on matters that concern it.
3. When choosing areas of competence and services provided to be listed on their professional disclosure statement, licensees should be guided by: "The licensee neither claims nor implies professional qualifications exceeding those professed."
4. In listing areas of competence and services provided on the professional disclosure statement, the licensee shall adhere to the scope of practice of marriage and family therapy and delivery of services as defined in W. Va. Code §30-31-3(g), and as cited in W. Va. Code §27-8-9.

**STATEMENT OF PROFESSIONAL DISCLOSURE
LICENSED MARRIAGE AND FAMILY THERAPIST
STATE OF WEST VIRGINIA**

Therapist's Name _____

Business Name _____

Business Address _____

Phone Number _____ WV MFT Number _____

FORMAL PROFESSIONAL EDUCATION

Degree _____ Institution _____ Date _____

Degree _____ Institution _____ Date _____

Degree _____ Institution _____ Date _____

PROVIDING THERAPY IN THE FOLLOWING AREAS

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

FEE SCHEDULE _____

Upon request your therapist 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 therapist listed above, may be directed to:

1-800-520-3852

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This information is required by the Board of Examiners in Counseling which regulates all Licensed Marriage and Family Therapists and Licensed Professional Counselors.