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

PROVISIONAL LPC LICENSURE APPLICATION

NAME: _____

PRINT your name EXACTLY as you would like it to appear on a provisional licensure certificate

SOCIAL SECURITY #: _____-_____-_____

In order to comply with federal law, the WVBEC is obligated to inform each applicant from whom it requests a Social Security Number that disclosing such number is Mandatory in order for this Board to verify required exam scores through NBCC or CRC.

I have included all the information required for consideration for a provisional license. I understand the Board is free to document my education, clinical and professional experience, and professional memberships through the Board's own means. I understand the Board's minimum requirements, including, but not limited to, a passing score on the National Counselor Exam or the Certified Rehabilitation Counselor Exam must be fulfilled before I can be provisionally licensed and begin my supervision experience. I understand some information in this application packet is subject to the Freedom of Information Act.

An application fee of $250.00 must be submitted with this application. Make your check or money order payable to the West Virginia Board of Examiners in Counseling (WVBEC). The application fee is non-refundable.

ONCE I COMPLETE ALL THE REQUIREMENTS FOR THE PROVISIONAL LICENSE, I REALIZE THE APPROVAL PROCESS COULD TAKE A MINIMUM OF FOUR MONTHS AS WVBEC HAS BOARD MEETINGS QUARTERLY. CHECK THE WEBSITE FOR DATES OF MEETINGS.

I UNDERSTAND I MAY NOT ENGAGE IN THE PRIVATE PRACTICE OF COUNSELING AFTER JUNE 30, 1987, UNTIL THE BOARD HAS ISSUED MY PERMANENT COUNSELING LICENSE.

Instructions for completion of all forms are in the document called 'Packet Instructions'.

_____ _____

Signature of Applicant **Date**

For Board Use Only

Please print Or type

Provisional Licensure Application

1. **Date of Birth:** _____

2. **Name:** _____
First **Middle** **Last**

3. **Other Last Name (s) used on records or in practice:** _____

3a. **Email address:** _____ ☐**None**
(You must keep your email address current with this office during the licensure process)

4. **Home Address:** _____
Box or Street Number **City** **State** **Zip Code**

5. **County of Residence:** _____ 6. **Legal resident of WV since:** _____

6. **Home phone:** (_____) _____ - _____ 7. **Work phone** (_____) _____ - _____

8. **EDUCATION (chronological order)**

Name and Address of Institution	Dates MO/Yr.	Major/Minor	Degree & Year Awarded	Total # of Qtr/Semester hrs. completed

9. **OTHER LICENSES and/or CERTIFICATIONS**

State or Organization	Type	Number	Last Current Date

10. **SUPERVISED INTERNSHIP (S)**

	First Internship	Second Internship
Site		
Address		
Supervisor		
License #		
Dates		
Hours		

<u>You need to copy this page</u> if you have more than three clinical counseling jobs to report.

11. PROFESSIONAL and CLINICAL EXPERIENCE

- **List current experience first**
- **Any job that is going to be a part of your supervised experience has to be reported in this application**
- **Attach a job description for your current experience**

Position: _____ **Dates:** _____

Employer: _____ **Phone: (____) _____ -_____**

Address: _____
Box or Street Number **City** **State** **Zip Code**

On-site Supervisor: _____**Type of License**_____ **License #**_____

Approved Licensed Professional Supervisor _____**License #**_____

Number of hours worked each month _____

11A. PROFESSIONAL and CLINICAL EXPERIENCE

- **List current experience first**
- **Any job that is part of your supervised experience has to be reported in this application**
- **Attach a job description for your current experience**

Position: _____ **Dates:** _____

Employer: _____ **Phone: (____) _____ -_____**

Address: _____
Box or Street Number **City** **State** **Zip Code**

On-site Supervisor: _____**Type of License**_____ **License #**_____

Approved Licensed Professional Supervisor _____**License #**_____

Number of hours worked each month _____

11B. PROFESSIONAL and CLINICAL EXPERIENCE

- **List current experience first**
- **Any job that is part of your supervised experience has to be reported in this application**
- **Attach a job description for your current experience**

Position: _____ **Dates:** _____

Employer: _____ **Phone: (____) _____ -_____**

Address: _____
Box or Street Number **City** **State** **Zip Code**

On-site Supervisor: _____**Type of License**_____ **License #**_____

Approved Licensed Professional Supervisor _____**License #**_____

Number of hours worked each month _____

12. STATEMENT OF COUNSELING PHILOSOPHY

Summarize your philosophy of counseling, identifying individuals whose teachings and/or writing have influenced your approach to counseling.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

13. GROUNDS FOR REFUSAL, REVOCATION, OR SUSPENSION

Mark either "Yes" or "No" if you have ever been subject, in any state or commonwealth, to any of the following:

1. Been delayed completing a graduate degree program in order to fulfill a written remediation program issued to you by the degree program? **Yes _____ No _____**
2. Terminated from a graduate degree program? **Yes _____ No _____**
3. Suspended a previous effort to be licensed? **Yes _____ No _____**
4. Attempted to obtain licensure by fraud, deceit, or willful misrepresentation? **Yes _____ No _____**
5. Been denied licensure in the past? **Yes _____ No _____**
6. Subject to disciplinary action by any counselor licensing agency, professional association, or agency that provides services to citizens? **Yes _____ No _____**
7. Have disciplinary action pending against you by any licensing agency, professional association, or agency that provides services to citizens? **Yes _____ No _____**
8. Had your license to practice suspended or revoked? **Yes _____ No _____**
9. Voluntarily surrendered a professional license? **Yes _____ No _____**
10. Named as a defendant in a civil suit related to your professional practice? **Yes _____ No _____**
11. Been convicted of a felony? **Yes _____ No _____**
12. Currently have any disease or condition that may interfere with your ability to competently and safely perform the essential functions of the counseling profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (a) mental or emotional disease or condition; (b) alcohol or other substance abuse; (c) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in the practice of counseling? **Yes _____ No _____**

14. PROFESSIONAL RECOMMENDATIONS

- **Individuals must be a master's level licensed mental health professional**
- **List NAME, ADDRESS & PHONE NUMBER of each individual providing a Recommendation.**
- **Raters should attach a copy of their current professional license with form.**
- **Rater should place the completed form in an envelope, place signature over the seal, and return to applicant.**
- **The two professionals completing this form cannot be your approved supervisor or complete a personal reference.**

1) _____
Name **Address** **Phone Number**

2) _____
Name **Address** **Phone Number**

15. APPROVED SUPERVISOR

1) ALPS:_____
Name **Address** **Phone Number**

2) ALPS:_____
Name **Address** **Phone Number**

- **Your ALPS will also complete the Supervisor Registration form in this packet**
- **The supervision's verification form is not sent to the Board until your supervision is completed.**

16. PERSONAL REFERENCES

- **No form needed – individuals use personal stationery**
- **List NAME, ADDRESS & PHONE NUMBER of each individual providing personal reference.**
- **Send all three sealed letters in your "Licensure Packet".**
- **The three individuals submitting a personal reference cannot be your approved supervisor or complete a professional recommendation.**

1) _____
Name **Address** **Phone Number**

2) _____
Name **Address** **Phone Number**

3) _____
Name **Address** **Phone Number**

17. OFFICIAL TRANSCRIPTS

- **To be mailed/emailed directly from the graduate institution**
- **List institutions that will be providing official transcripts**

1) _____ **2)**_____

3) _____ **4)** _____

Pursuant to WV Code 48A-5A-5 each applicant for licensure must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

1. Do you have a child support obligation?	□ Yes □ No
2. If the answer to question 1, above, is yes, are you in arrearage?	□ Yes □ No
3. If the answer to question 2, above, is yes, does your arrearage equal or exceed the amount of child support payable for six (6) months?	□ Yes □ No
4. Are you the subject of a child support related subpoena or warrant?	□ Yes □ No

If you make a false statement concerning any question on this application, you may be subject to disciplinary action including, but not limited to, immediate revocation or suspension of your provisional and/or permanent license.

I, _____, do hereby certify, under penalties of perjury and false swearing, that the above answers are true and correct to the best of my knowledge.

I authorize the West Virginia Board of Examiners in Counseling to make such inquiry necessary in validating information contained in this application. I understand the Board has final decision and authority with reference to this application. (West Virginia Code 30-31-5).

The undersigned, being sworn, deposes and says that he/she is the person who executed this application; that the statements contained herein are true in every respect; that he/she has not suppressed information that might affect this application; that he/she will conform to the Code of Ethics of the West Virginia Board of Examiners in Counseling; and that he/she has read and understands this affidavit.

I, _____, understand I shall remain under professional supervision satisfactory to the Board, and may not be called a licensed professional counselor, or in any way be represented as a licensed professional counselor, until I am duly licensed by the Board**. Series 1, Licensing Rule – 27-1-6.2.a.**

_____

Signature of Applicant

Sworn before me this _____ day of

_____, _____

_____

Notary Public

Photograph must be attached prior to Notary Signature. ⇨

Board Policy requires that each applicant attach a photograph taken within the last 12 months. <u>Photograph must be attached prior to Notary Signature.</u>

Photograph should be no larger than this square.