



West Virginia Board of Examiners in Counseling

815 Quarrier Street, Suite 212
Charleston, West Virginia 25301

Telephone: (304) 558-5494

Email: Cheryl.J.Henry@wv.gov

website: www.wvbec.org

Update Form for Licensure

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LPC or LMFT License or Permit #: \_\_\_\_\_

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)

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 [ ] Rehabilitation Counseling
[ ] Consultation [ ] School Counseling
[ ] Diagnosis and treatment of mental & emotional disorders [ ] Substance Abuse & Addictions
[ ] Employee Assistance Counseling [ ] Supervision
[ ] Family Counseling [ ] Vocational Counseling
[ ] Human Resources Counseling [ ] Other: \_\_\_\_\_
[ ] Marriage Counseling [ ] \_\_\_\_\_
[ ] Clinical Mental Health Counseling [ ] \_\_\_\_\_

For Board Use Only:

Approved [ ] YES [ ] NO LPC/LMFT # \_\_\_\_\_

Board Meeting/License Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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Please Check other CURRENT Licenses, Credentials, and/or Certifications You May Hold

- ALPS LMFT School Counselor Other:
National Certified Counselor Certified Rehabilitation Counselor Certified Addictions Counselor
WV Social Work License TSW LGSW 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?

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 30-31-8?
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 counseling Code of Ethics?
8). Impersonated another licensed professional counselor?
9). Allowed your name or license to be used by another person?

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

I attest I have given neither false nor misleading information in this update. I also understand that false or misleading information in connection with this update application may cause for rejection of the application, revocation of the license, and/or possible legal action for such fraudulent 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