



## West Virginia Board of Examiners in Counseling

815 Quarrier Street, Suite 212, Charleston, West Virginia 25301

Telephone: (304) 558-5494 Website: [www.wvbec.org](http://www.wvbec.org)

### LPC/LMFT CE Focus Areas

- A Human Growth and Development – includes nature and needs of individuals at all developmental levels following psychological, sociological, and physiological approaches. Also includes human behavior (normal and abnormal), personality theory, learning theory, dynamics of stress, and medical/functional implications of disability.
- B Social and Cultural Foundations – includes studies of social change, ethnic groups, subcultures, mores, urban and rural societies, population patterns, use of leisure time, work, and differing life patterns.
- C Group Dynamics – includes theories, practices, methods, dynamics, facilitative skills, and supervised practice.
- D Life-style and Career Development – includes vocational-choice theory, relationship between career choice and lift-style, occupational and educational information, career decision-making processes, career development exploration, and placement techniques.
- E Individual Appraisal - includes individual differences, methods of data gathering and interpretation, individual and group testing, and case study.
- F Research and Evaluation – includes statistics, research design, research proposals, and evaluation.
- G Professional Responsibilities – includes goals and objectives of counseling organizations, codes of ethics, legal considerations, standards of preparation, certification and licensing, advocacy, confidentiality, and the role identity of counselors.
- H Community Resources – includes development and implementation of community resource references and materials for client referral.
- I Supervision- includes the theory and practice of supervision with experiential components.
- J Counseling Theories – includes a study of basic theories and principles of counseling and philosophic bases of the helping relationship.
- K Counseling Techniques – includes individual counseling practices, methods, facilitative skills, and application of these skills.



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**LPC/LMFT RENEWAL APPLICATION 20\_\_**

LPC/LMFT License #: \_\_\_\_\_ License Issue Date \_\_\_\_\_ Social Security # x x x -xx- \_\_\_\_\_

Name \_\_\_\_\_

FIRST

MIDDLE

LAST

Home Address \_\_\_\_\_

**D 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) Please indicate if:**  Retired or  Unemployed

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

**For Board Use Only:**

Renewal Approved <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Approved _____ / _____ / _____	Amount Pd. \$0 \$145.00
If no, action needed _____		Online Credit Card Payment <input type="checkbox"/>
# Of Hours Approved _____	Renewal returned _____ / _____ / _____	or Check # _____



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

- ALPS  LMFT  School Counselor Other:  \_\_\_\_\_
- National Certified Counselor  Certified Rehabilitation Counselor  Certified Addictions
- 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

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1). Had any license or certification to practice suspended, revoked, or subjected to any kind of disciplinary action? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2). Been convicted of a felony or crime involving moral turpitude?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3). Been an alcohol or drug abuser as defined in WV Code 30-31-8?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4). Been under declaration of mental incompetence?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5). Attempted to obtain a licensure by fraud, deceit, or willful misrepresentation?                                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6). Failed or refused to comply with provisions of licensure laws or promulgated laws?                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7). Violated a counseling Code of Ethics?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8). Impersonated another licensed professional counselor?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9). Allowed your name or license to be used by another person?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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

I am applying for LPC/LMFT licensure renewal by the West Virginia Board of Examiners in Counseling. I am submitting \_\_\_\_\_ contact hours from \_\_\_\_\_ (last Renewal Date) through June 30 of current renewal year.

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

If this is your **FIRST RENEWAL**, please include the date you were licensed: \_\_\_\_\_ and the # of contact hours \_\_\_\_\_ you are required to complete for this renewal. Please refer to your initial email/letter notification at the time of licensure for this 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 \_\_\_\_\_

**THIS APPLICATION MUST BE SUBMITTED ON OR BEFORE JUNE 30 of the RENEWAL YEAR, IN ORDER FOR YOUR LICENSE TO REMAIN CURRENT AND AVOID PAYING THE LATE OR REINSTATEMENT FEE.**



