

West Virginia Board of Examiners in Counseling

IPC-RETIREMENT STATUS Application Form

Please Print legibly or Type

PLEASE CHECK ONE:

Initial application for Retirement Status **-OR-** **Renewal of Retirement Status**

IPC License # _____

Social Security # xxx-xx-_____

Name _____
FIRST MIDDLE LAST

Home Address _____
Please check here if this is a new address Street City State Zip

County of Residence _____ **Home Phone** _____

Are you currently working in a volunteer position: Yes No

Position _____ **Dates** _____

Agency _____

Address _____ **County** _____
Street City State Zip Code

Agency Phone _____ **Agency Fax** _____

Primary Email Address- Please PRINT: _____

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

ALPS 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? _____ AAMFT? _____ NBCC? _____

IPC RETIREMENT STATUS-For Board Use Only:

Approved YES NO Date Approved ____/____/____

If no, action needed _____

Of Hours Approved _____ Application returned ____/____/____

Amount Pd. \$0 \$72.50

Online Credit Card Payment

or Check # _____

Computer _____ Printed License _____ Mailed License _____

▶ **Turn over to Page 2**

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? | YES | NO |
| 2). Been convicted of a felony or crime involving moral turpitude? | YES | NO |
| 3). Been an alcohol or drug abuser as defined in WV Code 30-31-8? | YES | NO |
| 4). Been under declaration of mental incompetence? | YES | NO |
| 5). Attempted to obtain a licensure by fraud, deceit, or willful misrepresentation? | YES | NO |
| 6). Failed or refused to comply with provisions of licensure laws or promulgated laws? | YES | NO |
| 7). Violated a counseling Code of Ethics? | YES | NO |
| 8). Impersonated another licensed professional counselor? | YES | NO |
| 9). Allowed your name or license to be used by another person? | YES | NO |

FOR ANY “YES” RESPONSE, USE A SEPARATE SHEET FOR EXPLANATION

I am applying for (or renewing) the LPC –Retirement Status licensure by the West Virginia Board of Examiners in Counseling. I am submitting _____ contact hours. I understand approval is contingent upon satisfactory completion of all the requirements.

- **A COMPLETED CE RECORDING FORM AND COPIES OF YOUR CERTIFICATES OF COMPLETION ARE REQUIRED WHEN APPLYING FOR, OR, RENEWING THE LPC-RETIREMENT STATUS APPLICATION.**

While in retirement status the licensee shall continue to follow the requirements below, per Series 1:

§27-1-16. Retirement Status:

16.2. Upon approval for the retirement status designation, the LPC in Retirement Status (LPC-R) shall only work in a voluntary position and shall abide by the following requirements for renewal of the LPC-R:

16.2.a. Shall complete twenty (20) contact hours each renewal;

16.2.b. Shall complete three (3) of the twenty (20) contact hours in ethics based on the American Counseling Association Code of Ethics;

16.2.c. Shall complete two (2) of the twenty (20) contact hours in mental health conditions specific to veterans and family members of veterans as cited in Series 3, Renewal Rule section 27-3-4.1.b.;

16.2.d. May complete all twenty (20) contact hours in home study including ethics;

and, 16.2.e. Shall pay the appropriate fee, as set forth in Series 2, LPC Fee Rules.

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. Additionally, by signing this application you acknowledge your understanding of the responsibilities and requirements of the LPC-Retirement Status.

Signature _____ Date Signed _____

- **THIS APPLICATION MUST BE POSTMARKED ON OR BEFORE JUNE 30 IN ORDER FOR YOUR LPC-RETIREMENT STATUS TO REMAIN CURRENT AND AVOID PAYING THE LATE FEE. THANK YOU.**