

## 2022 Annual Renewal Instructions

The 2022 Annual Renewal Cycle is now open. Please see the instructions below. Access to the application can be found at the conclusion of this correspondence as well as posted to the website under the “Renewal Tab”.

1. Please submit your 2022 renewal application along with proof of the \$145 renewal fee **via USPS (mail)**. Remit completed and signed application with payment to:  
**WVBEC**  
**815 Quarrier Street, Suite 212**  
**Charleston, WV 25301**
2. Proof of CEU hours are due this renewal cycle for **LMFTs only**. All LMFTs, please submit your Continuing Education Recording Form along with the 2022 renewal application. **Please provide the certificates of completion with the renewal application.** The Board will conduct a random audit at the conclusion of the renewal process and if chosen, you will be asked to submit all course materials at that time.
3. All renewal applications are due in the office on or before **June 30, 2022**.
4. During the renewal process, the Board staff **will not** be able to answer emails and or phone calls pertaining to the receipt of applications. If you would like confirmation that your application has been received, please send your application certified mail, and request a return receipt. Once the application has been reviewed and approved, the Board will contact you via email to provide the status. We thank you in advance for your patience and understanding.

Thank you,



Executive Director





**IPC RENEWAL APPLICATION 2022** **Page 2**

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

ALPS    IPC    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,**

	<u>You must check one</u>
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 IPC licensure renewal by the West Virginia Board of Examiners in Counseling. I am submitting \_\_\_\_\_ contact hours from \_\_\_\_\_. I understand renewal is contingent upon satisfactory completion of all the requirements. 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 original issuance date \_\_\_\_\_ and the number 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** \_\_\_\_\_