

2023 Annual Renewal Instructions

The 2023 Annual Renewal Cycle is now open. Please see the instructions below. Access to the applications can be found on the website under the “**Renewal Tab**”.

1. Please submit your 2023 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 **LPCs only**. All LPCs, please submit your Continuing Education Recording Form along with the 2023 renewal application. **You will NOT have to 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, 2023.
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 approval or status. We thank you in advance for your patience and understanding.

Thank you,



Executive Director



West Virginia Board of Examiners in Counseling
815 Quarrier Street, Suite 212, Charleston, West Virginia 25301
Telephone: (304) 558-5494 Website: www.wvbec.org

- 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.
- L** Veterans and family members of veterans - mental health conditions common to veterans and family members of veterans may include, but not be limited to, inquiring about whether clients are veterans or family members of veterans; screening for conditions such as post-traumatic stress disorder; readjustment issues; risk of suicide and prevention of suicide; military sexual assault; and depression and grief.



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IPC License #, IPC License Issue Date, Social Security #, Name (FIRST, MIDDLE, LAST), Home Address, County of Residence, Home Phone, Present Employment, Position, Dates, Employer, Address, County, Work Phone, Work Fax, Employer Category, Primary Email Address.

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, 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 YES NO Date Approved # Of Hours Approved Renewal returned

Amount Pd. \$0 \$145.00 Online Credit Card Payment 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 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 license 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** _____

