

A

2024 Annual Renewal Instructions

The 2024 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 2024 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

As a reminder, IPCs are not required to submit proof of CEUs for this renewal cycle.

2. All renewal applications are due in the office on or before **June 30, 2024**.
3. 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



IPC RENEWAL APPLICATION 2024 **Page 2**

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,

	Please check one
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** _____