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, LPCs 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

Cheryl Heur



West Virginia Board of Examiners in Counseling 815 Quarrier Street, Suite 212

Charleston, West Virginia 25301

Telephone: (304) 558-5494 website: www.wvbec.org

IPC RENEWAL APPLICATION 2024

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LPC LICEISE #	IPC License Issue Date:	Social Security # x x x -xx <u>-</u>		
Name				
FIRST	MIDDLE	LAST		
Home Address				
D Please check here if this is a new address Stree	et City	State	Zip Code	
County of Residence	Home Phone			
Present Employment (Only list primary	y job) Please indicate if: 🗆 Retired or	□ Unemployed		
Position				
Employer				
AddressStreet	City	g	m	
Street County	ŭ	State	Zip Code	
Work Phone Private Practice		ork Fax		
Employer Category □ Private Practice □ Federal	□ Non-Profit Agency □ Profit Agency □ College or Scho	gency Hospital Other		
Employer Category	□ Non-Profit Agency □ Profit Agency □ Profit Agency □ College or Scho ed on training and experience, fro	gency Hospital Other		
Employer Category	□ Non-Profit Agency □ Profit Agency □ Profit Agency □ College or Scho ed on training and experience, fro	gency Hospital ol Other om the list below, as is approp	riate	
Employer Category	□ Non-Profit Agency □ Profit Agency □ Profit Agency □ College or Scho ed on training and experience, fro	gency Hospital ol Other om the list below, as is approp Rehabilitation Counselin	riate	
Employer Category	□ Non-Profit Agency □ Profit Agency □ Profit Agency □ College or Scho ed on training and experience, from the professional disclosure):	gency Hospital ol Other om the list below, as is approp Rehabilitation Counselin School Counseling	riate g	
Employer Category	□ Non-Profit Agency □ Profit Agency □ College or Scho ed on training and experience, from the following and disclosure: ntal & emotional disorders	gency Hospital ol Other om the list below, as is approp Rehabilitation Counseling School Counseling Substance Abuse & A	riate g	
Employer Category Private Practice Federal Primary Email Address- Please PRINT: heck mark the specialty areas, base and as reflected on your statement Career Counseling Consultation Diagnosis and treatment of me Employee Assistance Counseling	□ Non-Profit Agency □ Profit Agency □ College or Scho ed on training and experience, from the following and disclosure: ntal & emotional disorders	gency Hospital ol Other om the list below, as is approp Rehabilitation Counseling School Counseling Substance Abuse & Aduse Supervision	riate g ddictions	
Employer Category Private Practice Federal Primary Email Address- Please PRINT: heck mark the specialty areas, base and as reflected on your statement Career Counseling Consultation Diagnosis and treatment of me Employee Assistance Counseling Family Counseling	□ Non-Profit Agency □ Profit Agency □ College or Scho ed on training and experience, from the following and disclosure: ntal & emotional disorders	gency Hospital ol Other om the list below, as is approp Rehabilitation Counseling School Counseling Substance Abuse & Aduse & Ad	riate g	
Employer Category Private Practice Federal Primary Email Address- Please PRINT: heck mark the specialty areas, base and as reflected on your statement Career Counseling Consultation Diagnosis and treatment of me Employee Assistance Counseling Family Counseling Human Resources Counseling	□ Non-Profit Agency □ Profit Agency □ College or Scho ed on training and experience, from the following and disclosure: ntal & emotional disorders	gency Hospital ol Other om the list below, as is approp Rehabilitation Counseling School Counseling Substance Abuse & Aduse Supervision	riate g	
Employer Category Private Practice Federal Primary Email Address- Please PRINT: heck mark the specialty areas, base and as reflected on your statement Career Counseling Consultation Diagnosis and treatment of me Employee Assistance Counseling Family Counseling Human Resources Counseling Marriage Counseling	□ Non-Profit Agency □ Profit Agency □ College or Scho ed on training and experience, fro of professional disclosure): ntal & emotional disorders	gency Hospital ol Other om the list below, as is approp Rehabilitation Counseling School Counseling Substance Abuse & Ad Supervision Vocational Counseling Other:	riate g	
Employer Category	□ Non-Profit Agency □ Profit Agency □ College or Scho ed on training and experience, fro of professional disclosure): Intal & emotional disorders of	gency Hospital ol Other om the list below, as is approp Rehabilitation Counseling School Counseling Substance Abuse & Ac Supervision Vocational Counseling Other:	riate g	



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IPC RENEWAL APPLICATION 2024

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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 Addiction Counselor □ Certified Addiction Counselor □ Certified Addiction Development Counselor □ Certified Addiction Counselor □ Certified Counselor □ Cer					
WV Social Work License					
Are you an active member of MDCC:					
Have you, in West Virginia or in any other State or Commonwealth, Please check			:k one		
1). Had any license or certification to practice suspended, revoked, or subjected to any		\Box YES \Box NO			
kind of disciplinary action?					
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 EXPLAIN	NATION	<u> </u>			
I am applying for LPC licensure renewal by the West Virginia Board of Examiners in Counseling. I am hours from I understand renewal is contingent upon satisfactory completion of all the given neither false nor misleading information in this application. I also understand that false or misle with this application may be cause for rejection of the application, revocation of the license, and/or praudulent information.	e require eading in	ements iformat	s. I attest I have tion in connection		
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 reference in the time of licensure for this information.	er to you	r initial	email/letter		
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- not issue or renew a license for you to engage in the practice of a profession if you are in default un or workers compensation laws, or both laws of the state.	6(18) pro der eitho	ovides t er the u	that a board may inemployment		
ignatureDate Signed					