

**KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS**

P.O. Box 1360  
Frankfort, KY 40602  
<http://lpc.ky.gov>

**APPLICATION FOR LICENSED PROFESSIONAL CLINICAL COUNSELOR  
BY RECIPROCITY**

**SUPPLEMENTARY INFORMATION REQUIRED**

- 1. A payment to the Kentucky State Treasurer for the application fee of \$150;
- 2. A letter of good standing from each jurisdiction where you are certified or licensed; and
- 3. A background check performed within the last ninety (90) days by the Kentucky Administrative Office of the Courts or the Kentucky State Police and a criminal background check performed by the Federal Bureau of Investigation or Optional Affidavit for Licensure.

**Please type or print all information**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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(As it should appear on your license certificate and the online license verification system)

<b>Date of Birth</b>	<b>Present Place of Employment</b>
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<b>Mailing Address</b>	<b>Business Address</b>
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<b>Mailing Address</b>	<b>Business Address</b>
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<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Home Telephone Number</b>	<b>Present Place of Employment Telephone Number</b>
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<b>Home E-mail Address</b>	<b>Present Place of Employment E-mail Address</b>
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1. Are you credentialed as a professional counselor in any jurisdiction?  Yes  No  
 If "Yes", Name of Credential: \_\_\_\_\_  
 Jurisdiction: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 (Attach a letter of good standing from each jurisdiction.)

2. Do you or have you ever held any other license, certificate, or registration from a state board in Kentucky or any other jurisdiction?  Yes  No  
 If "Yes", list license(s), certificate(s) or registration(s) and jurisdiction(s) and attach a letter of good standing from each jurisdiction:

3. Have you held a certification/license/registration in any jurisdiction and been disciplined or reprimanded?  
 Yes  No  
 If "Yes", give details and attach supporting documentation: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

4. Do you have a pending disciplinary action against you or are you under investigation?  
 Yes     No

If "Yes", give details and attach documentation: \_\_\_\_\_

5. Have you ever been convicted of a felony or a misdemeanor (other than minor traffic violations) under the laws of any state in the United States?     Yes     No

If "Yes", submit a copy of your final judgment of conviction entered by the court where convicted.

## SECTION 2 – EDUCATION

Please request an official transcript to be mailed from the school to Board office.

School Name	Graduate/Doc. Degree (Qualifying per 201 KAR 36:070)	CACREP Accredited	Regionally Accredited	Graduation Date		NUMBER OF HOURS OR CREDITS	Major/Concentration
				MONTH	YEAR		
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				

**I, the applicant named above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.**

**APPLICANT'S SIGNATURE:** \_\_\_\_\_  
(Sign Your Name)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(Print Your Name)