



KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS

PUBLIC PROTECTION CABINET – DEPARTMENT OF PROFESSIONAL LICENSING

P.O. Box 1360, Frankfort, Kentucky 40602

500 Mero Street 2SC32 Frankfort, Kentucky 40601 (Overnight Delivery Only)

Phone: (502) 782.8803 | Fax: (502) 564.4818 | Website: lpc.ky.gov | Email: LPC@KY.GOV

LPCC RENEWAL APPLICATION

INSTRUCTIONS

Your Licensed Professional Clinical Counselor credential renewal date is October 31st. In accordance with KRS 335.535 and 201 KAR 36:020 governing this profession, a Licensed Professional Clinical Counselor is required to renew their license annually with the transmittal of this form and a renewal fee of \$150.00, (check or money order) made payable to the **Kentucky State Treasurer**. Please return this completed form with the fee to the address above prior to the deadline date of October 31st. The fee for renewals received during the 60-day grace period is \$175.00. Credentials not renewed prior to December 31st, will be terminated and you must immediately **CEASE AND DESIST PRACTICING** (no exceptions) and the use of the title Licensed Professional Clinical Counselor.

SECTION 1: LICENSEE INFORMATION

Last Name:	First Name:	Middle Initial:	Previous Name:
Mailing Address: Street	City:	State:	Zip Code:
Business Address: Street	City:	State:	Zip Code:
() Telephone Number:	Email Address:	License Number:	
Present Place of Employment:			
Work Telephone Number:		Work E-mail Address:	

GENERAL QUESTIONS

1. Are you credentialed as a professional counselor in another state or jurisdiction? If yes, list the state(s): _____ If yes, submit licensure verification from each state in which you hold or have held a license.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do you or have you ever held any other license, certificate, or registration from a state board in Kentucky or any other state? If "Yes", list the license(s) and state(s) and attach a letter of good standing from each state:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Have you held a certification/license/registration in Kentucky or any other state that has ever been suspended or revoked? If "Yes", give details and attach supporting documentation:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Have you committed fraud or misrepresentation in applying for a license in this state or another state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Have you been convicted of a felony or a misdemeanor (other than minor traffic violations) in any state? If "Yes", give details and attach supporting documentation:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Are you a member of the military or a military spouse? If yes, please attach proof of the following: (1) proof of issuance of a valid license, permit, certificate or other document issued by another state that is active or has been expired for < 2 years and that it is in good standing or was upon the date of expiration; DD-214 form or other proof of active or prior military service with an honorable discharge, discharge under honorable conditions, or a general discharge under honorable conditions; proof of marriage to an active duty member of the Armed Forces of the U.S., if applicable; and proof that the military spouse is assigned to a duty station in this state and that the applicant is also assigned to a duty station in this	<input type="checkbox"/> YES	<input type="checkbox"/> NO

DPL-LPC-07

Rev. December 2023

KRS 12.245 and 12:357, KRS 335.515(1), (6)

and 201 KAR 36:030, 201 KAR 36:075



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Do you qualify for the exemption under 201 KAR 36:030 Section 1 (5) as a licensee who teaches the board-approved training on the law for regulating professional counseling, KRS Chapter 335.500 to 335.599 and 201 KAR Chapter 36?

Yes No

Course Title: _____ Date Taught: _____

VERIFICATION

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.

Signature (Required) :	Date:
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Printed Name: