

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 Middle Initial: Last Name: First Name: 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? YES М If yes, list the state(s): If yes, submit licensure verification from each state in which you hold or have held a license. 2. Do you or have you ever held any other license, certificate, or registration from a state board in Kentucky or any YES NO other state? If "Yes", list the license(s) and state(s) and attach a letter of good standing from each state: 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: 4. Have you committed fraud or misrepresentation in applying for a license in this state or another state? YES NO Have you been convicted of a felony or a misdemeanor (other than minor traffic violations) in any state? NO If "Yes", give details and attach supporting documentation: 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

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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| state pursuant to the spouse's active of | duty military orders. | | | |
|---|--|-------------------------|--------------|----------|
| 7. Are you a Respondent in a case with an active order of protection pursuant to KRS Chapter 403 or Chapter 456 | | | | |
| following notice and an opportunity to be heard? | | | YES | NO |
| 8. Have you been declared incompetent by a court of competent jurisdiction? | | | | |
| | | | YES | NO |
| 9. Have you engaged in fraud, dishonesty, or corruption on a certification of examination in this state or another state? | | | \ | |
| 10. Do you have a substantiated charge of child abuse and neglect pursuant to KRS Chapter 620, or adult abuse, | | | YES | NO |
| neglect, or exploitation pursuant to KRS Chapter 209? | | | YES | NO NO |
| 11. Are you under an adjudication or other diversion agreement which suspends or defers sentencing for a crime? | | | | |
| σ, στο | | | YES | NO |
| | | | | |
| | N 2: CONTINUING EDUCATION COM | | | |
| • | official transcript to be mailed from the school | | | |
| Course Name | Date Completed | Course Hou | rs Earned | |
| | MM/DD/YYYY | | | |
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| Total Course Hours Earned: | | | | |
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| Suicide Assessment, Treatment, and Mana | | | | |
| | 01 KAR 36:030 Section 1 (4) as a licensee v | who teaches the board-a | approved tra | ining on |
| suicide assessment, treatment, and manage | ement? | | | |
| Yes No | | | | |
| Course Title: Date Taught: | | | | |
| | | | | |
| Law for Regulating Professional Counseling | g Exemption: | | | |
| DDL 100 07 | | | | |
| DPL-LPC-07 | | | | |

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| Do you qualify for the exemption under 201 KAR 36:030 Section 1 (5) as a licensee who teal law for regulating professional counseling, KRS Chapter 335.500 to 335.599 and 201 KAR Ch | | | |
|---|--|--|--|
| ☐ Yes ☐ No | | | |
| Course Title: Date Tau | Date Taught: | | |
| | - | | |
| VERIFICATION I, the applicant named above, do hereby certify under penalty of law, that the i correct, and complete to the best of my knowledge and belief. I am aware that disclose any such misrepresentation or falsification, my application could be rejected Board. Furthermore, I agree to abide by the standards of practice and code of ethics. | , should an investigation at any time ed, or my certification revoked by the | | |
| Signature (Required) : | Date: | | |
| Printed Name: | | | |
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| DPL-LPC-07 Rev. December 2023 | | | |