



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

LPCA 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. **IF APPLICABLE, PLEASE SUBMIT A COPY OF YOUR PROPOSED SUPERVISORY AGREEMENT FOR A NEW SUPERVISOR WITH THIS APPLICATION.**

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:	

SUPERVISOR INFORMATION

Last Name:	First Name:	Middle Initial:	Previous Name:
Mailing Address: Street	City:	State:	Zip Code:
() Telephone Number:	Email Address:		
License Type:	License Number:		



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GENERAL QUESTIONS

1. Have you been convicted of a felony or a misdemeanor (other than minor traffic violations) since your last application or renewal? "Conviction" including all instances in which a plea of no contest is the basis of the conviction. If "Yes", give details and attach supporting documentation:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you been subject to disciplinary action by a mental health credentialing board since your last application or renewal? If "Yes", give details and attach supporting documentation:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Have you become licensed or certified in any state since your last application or renewal? If "Yes", list the state(s), type of license or certification, the number of the certification or license and attach a letter of good standing from each state:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Are you currently serving in the military?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. How many hours of client contact did you earn in the current licensure year?		
6. How many hours of individual face-to-face supervision did you earn in the current licensure year?		
7. Does your supervision include the appropriate diagnosis of a client problem leading to proficiency in applying professionally recognized clinical nomenclature, 201 KAR 36:060 Section 5 (1)(a)? If No, please explain on a separate sheet of paper.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Does your supervision include the development and modification of the treatment plan, 201 KAR 36:060 Section 5 (1)(b)? If No, please explain on a separate sheet of paper.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Does your supervision include the development of treatment skills suitable to each phase of the therapeutic process, 201 KAR 36:060 Section 5 (1)(c)? If No, please explain on a separate sheet of paper.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Does your supervision include ethical problems in the practice of professional counseling, 201 KAR 36:060 Section 5 (1)(d)? If No, please explain on a separate sheet of paper.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Are you working as a counselor at least 25 hours per week, and minimally seeing your supervisor at least 3 times per month?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. Are you working as a counselor less than 25 hours per week, and minimally seeing your supervisor at least 1 hour of face-to-face supervision for every thirty hours of client contact?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. 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
14. Are you a Respondent in a case with an active order of protection pursuant to KRS Chapter 403 (DVO) or KRS Chapter 456 (IPO) following notice and an opportunity to be heard?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Have you been declared incompetent by a court of competent jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Have you engaged in fraud, dishonesty, or corruption on a certification of examination in this state or another state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO



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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.

Further, as an LPCA, I affirm the following:

- That I have read the board Law and Regulations related to supervised experience and that all supervised experience will be completed in accordance with board rules;
- That I will meet with my supervisor approximately one (1) hour each week with a minimum of three (3) hours per month of documented supervised experience;
- That I will abide by all rules of the board, including ethics requirements;
- That I understand the associate license does not give me authority to engage in the independent practice of counseling;
- That I understand the associate license is only valid while I practice under supervision;
- That I notify the board if this supervisory arrangement is terminated; and
- That I understand any additional supervisors and settings shall be approved by the board in advance.

Signature (Required) :

Date:

Printed Name: