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

APPLICATION FOR LICENSED PROFESSIONAL CLINICAL COUNSELOR BY RECIPROCITY

Instructions

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. The applicant shall apply for a criminal[~~A~~] background investigation by means of a fingerprint check performed within the last ninety (90) days by the Department of Kentucky State Police (KSP) and the Federal Bureau of Investigation (FBI) for direct submission by the KSP and FBI to the Board.
4. Please review the Reciprocity Agreement between Kentucky and your state located at lpc.ky.gov for qualification requirements.
5. RECIPROCITY LICENSURE IS NOT RELATED TO THE COUNSELING COMPACT. Please see the Counseling Compact website for details on how to apply for the Privilege to Practice through the Compact.
6. Please Type or Print All Information.

SECTION 1: APPLICANT 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:	/ / D.O.B.	SSN (Last 4):
	[~~Race:~~]	[~~Gender:~~]	[~~Citizenship:~~]

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.	☐ YES	☐ 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:	☐ YES	☐ 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:	☐ YES	☐ NO
4.	Have you committed fraud or misrepresentation in applying for a license in this state or another state?	☐ YES	☐ NO
5.	Have you been convicted of a felony or a misdemeanor (other than minor traffic violations) in any state? You should check "Yes" if it will show up on a state or federal criminal background check. If "Yes", give details and attach supporting documentation:	☐ YES	☐ NO

DPL-LPC-06
Rev. July 2026[~~December 2023~~]
KRS 12.245 and 12:357, KRS 335.515(1), (3), (5),335.517
a nd 201 KAR 36:072

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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 state pursuant to the spouse's active duty military orders.	☐ YES	☐ NO
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? If "Yes", give details and attach supporting documentation:	☐ YES	☐ NO
8.	Have you been declared incompetent by a court of competent jurisdiction? If "Yes", give details and attach supporting documentation	☐ YES	☐ NO
9.	Have you engaged in fraud, dishonesty, or corruption on a certification of examination in this state or another state? If "Yes", give details and attach supporting documentation	☐ YES	☐ NO
10.	Do you have a substantiated charge of child abuse and neglect pursuant to KRS Chapter 620, or adult abuse, neglect, or exploitation pursuant to KRS Chapter 209? If "Yes", give details and attach supporting documentation	☐ YES	☐ NO
11.	Are you under an adjudication or other diversion agreement which suspends or defers sentencing for a crime? If "Yes", give details and attach supporting documentation	☐ YES	☐ NO

SECTION 2: EDUCATION

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

School Name	Degree	CACREP Accredited	Regionally Accredited	Graduation Date (mo./yr.)	Number of Hours	Major/Concentration
		☐	☐			
		☐	☐			
		☐	☐			
		☐	☐			

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:
Printed Name:	

DPL-LPC-06
Rev. July 2026[December 2023]
KRS 12.245 and 12:357, KRS 335.515(1), (3), (5), and 201
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6. Please type or print all information.

SECTION 1: APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Previous Names Used:: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ SSN Last 4: _____

D.O.B.: _____ Phone: _____ Email: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Present Place of Employment: _____

Work Phone Number: _____ Work Email: _____

GENERAL QUESTIONS

1. Are you credentialed as a professional counselor in another state or jurisdiction? ☐ YES ☐ NO

   If yes, list the state(s): _____
   If yes, you must also 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 other state? ☐ YES ☐ NO
   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? ☐ YES ☐ NO
If yes, give details and attach supporting documentation: _____

4. Have you committed fraud or misrepresentation applying for a license in KY or another state? ☐ YES ☐ NO
If yes, give details and attach supporting documentation: _____

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You should check "Yes" if it will show up on a state or federal criminal background check. If yes, give details and attach supporting documentation: _____

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Graduation Month/Year: __________ Major/Concentration: ______________________
Credit Hours: __________ ☐ CACREP Accredited ☐ Regionally Accredited

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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.

Signature: ______________________________ Date: ______________

Printed Name: ______________________________