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 REINSTATEMENT APPLICATION

INSTRUCTIONS

In accordance with KRS 335.535 (4) after the sixty (60) day grace period, individuals with terminated credentials may reinstate their credential upon payment of the renewal fee and a reinstatement fee. To reinstate your license, please return this form along with the following:

1. Payment to the Kentucky State Treasurer for $250 (the renewal fee of $150 plus the reinstatement fee of $100)[~~$250.00~~].[~~,~~]
2. 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.[~~check and~~]
3. Submit completion certificates of at least 10 hours of continuing education in accordance with 201 KAR 36:075 Section 3(2)(a)3 and 4.
4. NOTICE: Pursuant to 201 KAR 36:075. Section 3(2)4., you must complete three (3) hours of continuing education on the law for regulating professional counseling within one (1) year of the filing of the reinstatement.
5. Please type or print all information.

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:	License Expiration Date:
Present Place of Employment:	
Work Telephone Number:	Work E-mail Address:
NPI Number, if available:	

GENERAL QUESTIONS

1. Have you been convicted of a felony or a misdemeanor (other than minor traffic violations) since your last application or renewal? You should check "Yes" if it will show up on a state or federal criminal background check. [~~"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:	☐ YES	☐ NO
2. Have you been subject to disciplinary action by a mental health credentialing board since your last application or renewal?	☐ YES	☐ NO

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	If "Yes", give details and attach supporting documentation:		
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:	☐ YES	☐ NO
4.	Are you a member of [~~currently serving in~~] 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
5.	Have you committed fraud or misrepresentation in applying for a license in this state or another state? If "Yes", give details and attach supporting documentation.	☐ YES	☐ NO
6.	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? If "Yes", give details and attach supporting documentation.	☐ YES	☐ NO
7.	Have you been declared incompetent by a court of competent jurisdiction? If "Yes", give details and attach supporting documentation.	☐ YES	☐ NO
8.	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
9.	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
10.	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: CONTINUING EDUCATION COMPLIANCE

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

Course Name	Date Completed MM/DD/YYYY	Course Hours Earned

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Total Course Hours Earned: _____

Suicide Assessment, Treatment, and Management Exemption:

Do you qualify for the exemption under 201 KAR 36:030 Section 1 (4) as a licensee who teaches the board-approved training on suicide assessment, treatment, and management?

☐ Yes ☐ No

Course Title: _____ **Date Taught:** _____

Law for Regulating Professional Counseling Exemption:

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:
Printed Name:	

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INSTRUCTIONS

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1. Payment to the Kentucky State Treasurer for $90 (the renewal fee of $50 plus the reinstatement fee of $40)[~~$90.00~~].
2. An [~~an~~] updated Supervision Agreement.[~~,~~]
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. [~~and~~]
4. Completion certificates of at least 10 hours of continuing education in accordance with 201 KAR 36:075 Section 2.
5. NOTICE: Pursuant to 201 KAR 36:075. Section 3(2)4., you must complete three (3) hours of continuing education on the law for regulating professional counseling, KRS 335-500 to 335.599 and 201 KAR Chapter 36 within one (1) year of the filing of the reinstatement.
6. Please type or print all information.

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:	License Expiration Date:
Present Place of Employment:	
Work Telephone Number:	Work E-mail Address:

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:	☐ YES	☐ 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:	☐ YES	☐ NO

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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:	☐ YES	☐ NO
4.	Are you a member of [~~currently serving in~~] 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
5.	Have you committed fraud or misrepresentation in applying for a license in this state or another state? If "Yes", give details and attach supporting documentation:	☐ YES	☐ NO
6.	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? If "Yes", give details and attach supporting documentation:	☐ YES	☐ NO
7.	Have you been declared incompetent by a court of competent jurisdiction? If "Yes", give details and attach supporting documentation:	☐ YES	☐ NO
8.	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
9.	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
10.	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

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Course Name	Date Completed MM/DD/YYYY	Course Hours Earned

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Total Course Hours Earned: _____

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:	

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INSTRUCTIONS

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1. Payment to the Kentucky State Treasurer for $250 (the renewal fee of $150 plus the reinstatement fee of $100).
2. The applicant shall apply for a criminal 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.
3. Submit certificates of completion of at least ten (10) hours of continuing education in accordance with 201 KAR 36:075 Section 3(2)(a)3 and 4.
4. NOTICE: Pursuant to 201 KAR 36:075. Section 3(2)4., you must complete three (3) hours of continuing education on the law for regulating professional counseling within one (1) year of the filing for reinstatement.
5. Please type or print all information.

SECTION 1: LICENSEE INFORMATION

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

Previous Names Used:: _____ Mailing Address: _____

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

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

License Number: _____ License Expiration Date: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Present Place of Employment: _____

Work Phone Number: _____ Work Email: _____

NPI Number, if available:_____

GENERAL QUESTIONS

1. Have you been convicted of felony or misdemeanor (other than minor traffic violations) in any state? ☐ YES ☐ NO

   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: _____

   _____

2. Have you been subject to disciplinary action by a mental health credentialing board since your last application or renewal? ☐ YES ☐ NO
   If yes, give details and attach supporting documentation: _____

   _____

3. Have you become licensed or certified in any state since your last application or renewal? ☐ YES ☐ NO

   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: _____

4. Are you a member of the military or a military spouse? ☐ YES ☐ NO

   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.

5. Have you committed fraud or misrepresentation in applying for a license in this state or another state? ☐ YES ☐ NO

   If yes, give details and attach supporting documentation: _____

   _____

6. 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
   If yes,, give details and attach supporting documentation: _____

   _____

7. Have you been declared incompetent by a court of competent jurisdiction? ☐ YES ☐ NO
   If yes, give details and attach supporting documentation

8. Have you engaged in fraud, dishonesty, or corruption on a certification of examination in this state or another state? ☐ YES ☐ NO
   If yes, give details and attach supporting documentation: _____

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9. 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? ☐ YES ☐ NO
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10. Are you under an adjudication or other diversion agreement which suspends or defers sentencing for a crime? ☐ YES ☐ NO
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Course Name: _____ Hours Earned: _____ Date Completed: _____

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Course Name: _____ Hours Earned: _____ Date Completed: _____

TOTAL COUSE HOURS EARNED: _____

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Do you qualify for the exemption under 201 KAR 36:030 Section 1 (4) as a licensee who teaches the board-approved training on suicide assessment, treatment, and management?

☐ Yes ☐ No

Course Title: _____ Date Taught: _____

Law for Regulating Professional Counseling Exemption:

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.

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Printed Name: _____

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6. Please type or print all information.

SECTION 1: LICENSEE INFORMATION

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

Previous Names Used:: _____ Mailing Address: _____

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

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

License Number: _____ License Expiration Date: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Present Place of Employment: _____

Work Phone Number: _____ Work Email: _____

NPI Number, if available:_____

GENERAL QUESTIONS

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3. Have you become licensed or certified in any state since your last application or renewal? ☐ YES ☐ NO

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4. Are you a member of the military or a military spouse? ☐ YES ☐ NO

   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.

5. Have you committed fraud or misrepresentation in applying for a license in this state or another state? ☐ YES ☐ NO

   If yes, give details and attach supporting documentation: _____

   _____

6. 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
   If yes,, give details and attach supporting documentation: _____

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7. Have you been declared incompetent by a court of competent jurisdiction? ☐ YES ☐ NO
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    If yes, give details and attach supporting documentation: _____

    _____

SECTION 2: CONTINUING EDUCATION COMPLIANCE

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

Course Name: _____ Hours Earned: _____ Date Completed: _____
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Course Name: _____ Hours Earned: _____ Date Completed: _____

TOTAL COURSE HOURS EARNED: _____

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: _____