



NORTH CAROLINA BOARD OF LICENSED PROFESSIONAL COUNSELORS

P.O. Box 77819
Greensboro, NC 27417
TELEPHONE: 844-622-3572
FAX: 336-217-9450
<http://www.ncblpc.org>

FOR OFFICE USE ONLY

REF. #: _____
BATCH #: _____
DATE: _____
CHECK #: _____
AMOUNT: _____

NCBLPC Payment Form

Name of Applicant/Licensee: _____

Telephone: Day: _____ Evening: _____

Alternate Address for mailing (if requesting information be sent to other agencies or boards):

1. _____

2. _____

Please check what you wish to pay for:

Licensing Fees: LPC Associate LPC LPC Supervisor

- Application \$200.00
- License Renewal \$200.00
- Late License Renewal \$275.00
- Fingerprint Fee \$38.00

Professional Corporation Fees:

- Professional Corporation Application \$50.00
- Professional Corporation Renewal \$25.00
- Late Professional Corporation Renewal \$35.00

Name of PC: _____ PC # _____

Miscellaneous:

- Copy of Licensure File \$50.00 x _____ = \$ _____
- Duplicate License \$15.00 x _____ = \$ _____
- Mailing List (Educational Purposes Only) \$10.00 x _____ = \$ _____
(contains work addresses only)
- Summation of Supervised Professional Practice \$25.00 x _____ = \$ _____
- Verification of Licensure \$ 5.00 x _____ = \$ _____

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