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

LPC Associate Licensure Application

Pre-requisite for LPC license for new graduates

Checklist for LPCA Applicants

I have read the Application Process for LPCAs.

I have completed all of Section I. *Social Security Number and Date of Birth are required.*

I have listed all licenses and certificates that I hold, issued in North Carolina and other states in Section II.

I have enclosed a written explanation for questions answered with a "Yes" in Section III — Legal and Ethics History.

I have listed all graduate institutions attended in Section IV and have requested transcripts (from each institution) to be sent directly to the NCBLPC. I have enclosed a copy of my unofficial transcript and copy of my official transcript request to the university. Official electronic applications can be sent to Transcripts@ncblpc.org.

I have listed three (3) professional references with contact information and the length of time I have known them in Section V.

I have listed my graduate counseling experience (practicum **and** internship each of which appears on my transcript) in Section VI and I have requested that a faculty member in my university counseling department complete the Verification of Graduate Counseling Experience form (included) to be sent directly to the NCBLPC.

I have listed my graduate course work with course codes and semester or quarter hours in Section VII.

I have attached a photo (no larger than 2" x 2") in Section VIII.

I have signed and dated the application in the presence of a Notary Public and have had my application notarized in Section IX.

I have enclosed two fingerprint cards and the Authority for Release of Information (see page 11) to be submitted by the NCBLPC for state and national background checks to be performed by the SBI and FBI as required in Section XII.

I have included my application fee of $238, which includes fee for a criminal background check. Please note: this fee does not include the cost of tests (NCE, NCMHCE, CRC, or Jurisprudence Exam).

I have requested my national exam scores (NCE, NCMHCE, or CRC) be sent directly to the NCBLPC. A copy of my exam registration or score report request is enclosed.

I have included my LPCA Jurisprudence Exam Certificate of Completion.

I have included my LPCA Professional Disclosure Statement, completed according to instructions.

Please refer to additional enclosed documents to ensure completion of ALL requirements.

NORTH CAROLINA BOARD of LICENSED PROFESSIONAL COUNSELORS

Licensed Professional Counselor Associate (LPCA)

Licensure Application

Pre-requisite for LPC license for new graduates

APPLICATION INSTRUCTIONS

1. **PRINT** or **TYPE** using **BLACK** Ink to complete this application.
2. Applicants must complete **ALL SECTIONS**. Read carefully.
3. A completed application and other required support documentation are to be mailed in one packet to the Board's address. Transcript(s) and Verification of Graduate Counseling Experience Forms may be mailed separately.
4. The application fee is $200 plus an additional $38 for the criminal background check and must accompany the application when mailed. **Application fees are non-refundable.**

FOR OFFICE USE ONLY

REF. #: _____

BATCH #: _____

DATE: _____

AMOUNT: _____

I. GENERAL INFORMATION - *To be completed by all applicants.*

Name (Last, First, Middle): _____

Social Security Number: _____ ***(required)***

Date of Birth: _____ (mm/dd/yyyy)

Please include maiden name and/or any other alias: _____

Mailing Address (Street and/or Box Number, City, State, Zip Code): _____

Home Phone: _____

Email Address: _____

Mobile Phone: _____

Business **Name & Address** (is this an exempt setting, such as a school, university or government agency)?: Yes ☐ No ☐

_____

_____

_____

Work Phone: _____

Email Address: _____

Work Fax: _____

II. CREDENTIALS - *To be completed by all applicants, if applicable.* List all professional credentials which you now hold or have ever held in order of attainment.

License/Certificate Type	License/Certificate #	Issued Date	Issued By

Name of Applicant: *(Required)*_____

III. LEGAL & ETHICS HISTORY - *To be completed by all applicants.* **All applicants are REQUIRED to submit two (2) fingerprint cards, the Authorization for Release of Information and payment of $38 (included in the total fee of $238) to the NCBLPC for a state and national background check to be performed.**

1. Have you ever been denied the privilege of taking an occupational licensure or certification examination? If yes, state what type of occupational examination, where, and provide final written decision from the denying Board on a separate sheet of paper. — 1. ☐Yes ☐No
2. Have you ever had any disciplinary action taken against an occupational license or certificate to practice or are any such actions pending? If yes, explain in detail on a separate sheet of paper. — 2. ☐Yes ☐No
3. Have you ever been convicted of a violation of/or pled nolo contend ere to any federal, state, or local statute, regulation or ordinance or entered into any plea bargain for violations, except for minor traffic violations? If yes, see below.** — 3. ☐Yes ☐No
4. Within the past four years, have you been unable to engage in the practice of counseling due to a physical and/or emotional dependency or use of alcohol and/or drugs? If yes, please provide a letter from your treating professional summarizing diagnosis, treatment and prognosis. — 4. ☐Yes ☐No
5. Within the past four years, have you been unable to engage in the practice of counseling due to treatment and/or hospitalization for a nervous, emotional or mental disorder? If yes, please provide a letter from your treating professional summarizing diagnosis, treatment and prognosis. — 5. ☐Yes ☐No
6. Have you ever been censured, warned, or requested to withdraw from your practice/employment, terminated from any health care facility, agency, or practice for reasons involving your conduct as a counselor? If yes, please provide an explanation on a separate sheet of paper. — 6. ☐Yes ☐No
7. Have you ever been convicted of an offense involving the taking of illegal drugs or the consumption of alcohol? If yes, see below.** — 7. ☐Yes ☐No

If you answered YES to questions 3 and/or 7, you must submit:

1) A written explanation of the event(s).
2) A written explanation on how you have dealt with the circumstances that led up to the event(s).

IV. EDUCATION - *To be completed by all applicants.* **Official Graduate Transcripts** from each of the Universities listed below must be submitted **directly to the NCBLPC Board Office from the Graduate Institution**.

Graduate Institution (Undergraduate Not Required)	Dates of Attendance From	To	Major/Degree Received	Date Degree Conferred

V. REFERENCES - *To be completed by all applicants.* Please list three individuals (may include supervisors) who are acquainted with your professional counseling work.

Name, Address, & Phone	Title	Yrs Known

Name of Applicant: *(Required)*_____

VI. GRADUATE COUNSELING EXPERIENCE - *To be completed by all applicants.* List below your graduate Practicum and Internship experiences (use additional sheets if necessary). These experiences should appear on your graduate transcript(s). **Send Verification of Graduate Counseling Experience form(s) to your University.** A faculty member/university supervisor should complete the form and send it directly to the NCBLPC. Practicum and Internship are defined in Rule .0701(B).

1. Dates of ☐ Practicum Total # of weeks:_____ # of hours per week: _____

From:_____ To:_____ Course # and Title: _____

Graduate Institution:_____ University Supervisor: _____

Practicum/Internship Site: _____ Site Supervisor: _____

Position Held/Responsibilities: _____

_____

_____

2. Dates of ☐ Practicum Total # of weeks:_____ # of hours per week: _____

From:_____ To:_____ Course # and Title: _____

Graduate Institution:_____ University Supervisor: _____

Practicum/Internship Site: _____ Site Supervisor: _____

Position Held/Responsibilities: _____

_____

_____

3. Dates of ☐ Internship Total # of weeks:_____ # of hours per week: _____

From:_____ To:_____ Course # and Title: _____

Graduate Institution:_____ University Supervisor: _____

Practicum/Internship Site: _____ Site Supervisor: _____

Position Held/Responsibilities: _____

_____

_____

4. Dates of ☐ Internship Total # of weeks:_____ # of hours per week: _____

From:_____ To:_____ Course # and Title: _____

Graduate Institution:_____ University Supervisor: _____

Practicum/Internship Site: _____ Site Supervisor: _____

Position Held/Responsibilities: _____

_____

_____

Name of Applicant: *(Required)*_____

VII GRADUATE COURSES - *To be completed by all applicants.* Course areas are fully defined in Rule .0701 of the Administrative Code and are posted on the Board website. In cases where the course title does not clearly reflect course content, applicants shall provide university course descriptions and/or syllabi for clarification. Each course area must have at least one 3-semester hour or 5-quarter hour course unless otherwise specified.

A. HELPING RELATIONSHIPS IN COUNSELING - shall provide an understanding of counseling & consultation processes including theories; basic interviewing, assessment, & counseling skills; counselor characteristics and behaviors that influence professional counseling relationships; client characteristics and behaviors that influence counseling relationships; and ethical considerations.

Course Code	Date Completed	Title	Sem/Qtr hrs

B-1. COUNSELING PRACTICUM - shall be provided in a supervised graduate counseling experience in a regionally accredited program of study counseling setting for a minimum one (1) semester duration for each practicum as defined in Rule .0206.

Course Code	Date Completed	Title	Sem/Qtr hrs

B-2. COUNSELING INTERNSHIP — shall be provided in a supervised graduate counseling experience in a regionally accredited program of study counseling setting for a minimum one (1) semester duration for each practicum as defined in Rule .0206.

Course Code	Date Completed	Title	Sem/Qtr hrs

C. PROFESSIONAL ORIENTATION TO COUNSELING - shall provide an understanding of all aspects of professional functioning, including history of counseling professions; professional roles & functions; professional organizational structures; ethical standards & legal issues; preparation standards; credentialing; public policy processes; and ethical considerations.

Course Code	Date Completed	Title	Sem/Qtr hrs

Name of Applicant: *(Required)*_____

VII. GRADUATE COURSES (continued) - *To be completed by all applicants.* Course areas are fully defined in Rule .0701 of the Administrative Code and are posted on the Board website. In cases where the course title does not clearly reflect course content, applicants shall provide university course descriptions and/or syllabi for clarification. Each course area must have at least one 3-semester hour or 5–quarter hour course unless otherwise specified.

D. **HUMAN GROWTH AND DEVELOPMENT THEORIES IN COUNSELING** - shall provide an understanding of the nature and needs of individuals at all development levels including theories of individual and family development; theories of learning & personality development; human behavior; counseling strategies for facilitating development of the life span; and ethical considerations.

Course Code	Date Completed	Title	Sem/Qtr hrs

E. **SOCIAL AND CULTURAL FOUNDATIONS IN COUNSELING** - shall provide an understanding of issues and trends in a multicultural & diverse society including multicultural and pluralistic trends; attitudes and behavior among diverse groups; individual, family and group counseling strategies with diverse groups; and ethical considerations.

Course Code	Date Completed	Title	Sem/Qtr hrs

F. **GROUP COUNSELING THEORIES AND PROCESSES** - shall provide an understanding of group development, dynamics, and counseling theories, methods and skills including; principals of group dynamics; group leadership styles and approaches; theories of group counseling; group counseling methods; approaches used for other types of group work in counseling; and ethical considerations.

Course Code	Date Completed	Title	Sem/Qtr hrs

Name of Applicant: *(Required)*_____

VII. GRADUATE COURSES (continued) - *To be completed by all applicants.* Course areas are fully defined in Rule .0701 of the Administrative Code and are posted on the Board website. In cases where the course title does not clearly reflect course content, applicants shall provide university course descriptions and/or syllabi for clarification. Each course area must have at least one 3-semester hour or 5-quarter hour course unless otherwise specified.

G. **CAREER COUNSELING AND LIFESTYLE DEVELOPMENT** - shall provide an understanding of career counseling, development & related life factors including theories & decision-making process; career, avocational, educational, and labor market information resources; program planning; implementation and evaluation; interrelationships among work, family & other roles; placement counseling; assessment instrument and techniques; computer-based career-development application and strategies; processes; resources and ethical considerations.

Course Code	Date Completed	Title	Sem/Qtr hrs

H. ASSESSMENT IN COUNSELING - shall provide an understanding of individual and group approaches to assessment & evaluation in counseling practices including theoretical & historical bases for assessment techniques; validity; reliability; appraisal methods; psychometric statistics; age, gender ethnicity, language & cultural factors; strategies and techniques in counseling; and ethical considerations.

Course Code	Date Completed	Title	Sem/Qtr hrs

I. **RESEARCH AND PROGRAM EVALUATION** - shall provide an understanding of the types of research methods, basic statistics, and ethical and legal considerations in research including basic types of research methods; basic parametric & nonparametric statistics; principles, practices, & applications of needs assessment & program evaluation; uses of computers for data management and analysis; and ethical & legal considerations.

Course Code	Date Completed	Title	Sem/Qtr hrs

Name of Applicant: *(Required)*_____

VIII. PHOTO

Attach Passport Photo Here

Please attach a passport size photo with tape on each side

Photo should be no larger than 2" x 2"

IX. APPLICATION VALIDATON - *To be completed by all applicants.* The following statement must be signed in the presence of a Notary Public. This application is not valid unless properly signed and notarized. Note: Any false or misleading information in, or in connection with, any application may be cause for denial of application.

The undersigned, being sworn (or affirmed), deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every aspect; that he/she will conform to the ethical standards and standards of practice in his/her professional conduct; that he/she has read and understands this affidavit.

The undersigned also understands that the Board has the authority to conduct a full criminal record search, including state and national records.

Applicant's Full Name (PRINTED): _____

Applicant's Signature: _____

Notary Information: State of _____

City/County of _____

Sworn to (or affirmed) and subscribed before me,

on this, the _____ day of _____, 20____

SEAL

_____

Notary Public:

My Commission Expires: _____

The NCBLPC is charged with the responsibility of reviewing and acting on the applications of qualified persons who are adequately prepared in professional counseling. The Board has no jurisdiction over professions or professionals prepared in other fields that are licensed/certified by other Boards such as Marriage & Family Therapy, Psychology, Fee-Based Pastoral Counseling, Substance Abuse and Social Work.

Mail completed application to: **NCBLPC ♦ PO Box 77819 ♦ Greensboro, NC 27417**

IX. Criminal Background Information

Instructions for Completing the Applicant Fingerprint Card

Please go to your local law enforcement agency (police department or sheriff's office) and request that they make two fingerprint cards. The bearer of this letter is seeking to obtain a copy of his or her criminal history record information for pursuant to NCGS 90 -345(b) in order to obtain a license from the North Carolina Board of Licensed Professional Counselors.

1. The complete name of the subject is to be listed as indicated: last name, first name, and middle name. Please ensure the name is legible if written.

2. List any and all alias names or nicknames, maiden name, or any other married names.

3. Sex is to be listed as **M** for Male and **F** for Female or **U** for Unknown.

4. Race is to be listed by placing an individual into one (1) of the following categories by writing the appropriate letter in the space provided.
   W – White
   B – Black
   I – American Indian or Alaskan Native
   A – Asian or Pacific Islander
   U – Unknown if unsure or unable to determine

5. Indicate the subject's height in feet and inches using all numeric.
   Example: 6'01' = 601, 6'11" = 611, 6' = 600

6. Indicate the subject's weight in pounds using all numeric.
   Example: 186 or 098, etc.

7. List the subject's eye color by placing one (1) of the following eye color codes in the space provided:

BLK—Black	GRY—Gray	MAR—Maroon
BLU—Blue	GRN—Green	PNK—Pink
BRO—Brown	HAZ—Hazel	XXX—Unknown

8. Color of hair should be indicated by writing one (1) of the following color codes in the space provided:
   BAL – Bald (when subject has lost most of his hair or is hairless)
   BLK – Black
   BLN – Blond or Strawberry
   BRO – Brown
   GRY – Gray or partially
   RED – Red or Auburn
   SDY – Sandy

9. List the date of birth numerically– month, day and year
   Example: May 11, 1948 should be shown as 05111948

10. Indicate, if possible, the city and state where the subject was born. The state should be indicated by the two letter abbreviation.

11. OCA block: NCBLPC000

12. Social Security: write in the Social Security Number

13. Residence of Person Fingerprinted: Current residence of subject fingerprinted is written here.

14. Employer Board Address: NC Board of Licensed Professional Counselors, PO Box 77819, Greensboro NC 27417

15. Reason Fingerprinted: Licensed Professional Counselor per NCGS 90-345, state and federal.

XI. Authority for Release for Criminal Background Check

AUTHORITY FOR RELEASE OF INFORMATION
State and Federal Record Check

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Special Operations Division, to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the Federal Bureau of Investigation's files for a national criminal history record check in connection with my application for licensure with the North Carolina Board of Licensed Professional Counselors pursuant to NCGS 90-345.

Please type or print clearly; use only black or blue ink.

_____	_____	_____
Last Name	First Name	Middle Name

_____
Maiden Name

_____	_____	_____	_____
Social Security Number (Optional*)	Date of Birth	Gender	Race

I understand that the North Carolina State Bureau of Investigation, Special Operations Division, and its officials and employees shall not be held legally accountable in any way for providing this information to the North Carolina Board of Licensed Professional Counselors, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the North Carolina Board of Licensed Professional Counselors cannot provide the results of this criminal history record check to me.

* Disclosure of a social security number on this form is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history checks.

_____	_____
Signature of Applicant	Date

The Authority for Release of Information, the fingerprint card(s) and the fee must be mailed to:

NCBLPC
PO BOX 77819
Greensboro NC 27417

ORI # NCBC10000 – North Carolina Board of Licensed Professional Counselors

SBI FINGERPRINT CARD FEE - $14.00

FBI FINGERPRINT CARD FEE - $24.00

Total cost to be borne by the applicant is $38.00

Payment must be made by check, money order or cashier's check **payable to NCBLPC.** A single check for the full application fee of $238.00 is acceptable.

This request form must be maintained on file with the above named agency for one year.

Do not mail this form or a copy of this form to the State Bureau of Investigation.

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: _____

Licensed Professional Counselor Associate (LPCA)
Application Payment Form

Applicant Name: _____ Last 4 digits of SSN: _____

☐ Enclosed is a check or money order (payable to NCBLPC) in the amount of $ 238.00

☐ I authorize NCBLPC to charge my credit card as listed below in the amount of $238.00

Card Type: ☐ VISA ☐ MasterCard

Cardholder name as it appears on the card:

Credit Card #:

Card Security Code (from back of card):_____ Exp. Date: ☐☐ (mm) ☐☐ (yy)

If fee is being paid by someone other than the Applicant:

Billing Address: _____

_____

_____

Telephone: Day: _____ Evening: _____

Signature of Cardholder: _____

NORTH CAROLINA BOARD of LICENSED PROFESSIONAL COUNSELORS
P.O. BOX 77819 • GREENSBORO, NC 27417

Verification of Graduate Counseling Experience

[To be completed by University Faculty for LPCA/LPC Applicants]

Indicate to which Applicant this verification form applies:

Name: _____

VERIFICATION OF GRADUATE COUNSELING EXPERIENCE INSTRUCTIONS

1. **PRINT** or **TYPE** using **BLACK** Ink to complete this verification of graduate counseling experience. Person verifying graduate counseling experience must be a university faculty member as defined in Rule .0206.
2. **ALL SECTIONS** must be completed or the verification of graduate counseling experience will be returned.
3. The verification of graduate counseling experience should be enclosed in a sealed envelope and signed across the flap. Mail the signed and sealed envelope to the **NCBLPC Board Office at: NCBLPC, PO Box 77819, Greensboro, NC 27417**

GENERAL INFORMATION - *To be completed by person verifying graduate counseling experience.*

Name (Last, First, Middle):

Title:

University: Department or Program Name:

Mailing Address (Street and/or Box Number, City, State, Zip Code): Business Phone:

Email Address:

VERIFICATION OF GRADUATE COUNSELING EXPERIENCE - *To be completed by person verifying graduate counseling experience.*

Name of Agency where Graduate Counseling Experience Occurred:

Address (Street and/or Box Number, City, State, Zip Code): Business Phone:

Were you the University Supervisor for the graduate counseling experience? Yes_____ No_____ If not, explain how you have verified the graduate counseling experience:

Total hours of Individual clinical supervision received during graduate counseling experience: _____
Total hours of Group clinical supervision received during graduate counseling experience: _____

	From (month/day/year)	To (month/day/year)	Total Hours of Direct Client Contact	Total Hours of Indirect Client Contact
☐ Practicum ☐ Internship				
☐ Practicum ☐ Internship				
☐ Practicum ☐ Internship				
☐ Practicum ☐ Internship				
		Percentage (Board use only)		

I verify that the above statements iare true and correct to the best of my knowledge.

Signature of Person Verifying: _____ Date: _____

LPCA Professional Disclosure Statement (**Template**)

<Full Name, Credentials>
Office: <Number with Area code>
Fax: <Number with Area code>
E-mail: <Email Address if you want clients to have one>

My Qualifications <In paragraph form, describe the elements below.>

- The licensee's or applicant's highest relevant degree, year degree received, discipline of degree, and name of institution granting the degree.
- Names and numbers of all relevant credentials (licenses, certificates or registrations).
- Number of years of counseling experience.

Restricted Licensure <In paragraph form, describe the elements below.>

- A license applicant should include a statement indicating that he/she is pursuing licensure as a Professional Counselor Associate in North Carolina (prior to LPCA being issued).
- A license applicant should include a statement indicating that he/she is under supervision as a Licensed Professional Counselor Associate in North Carolina (post receipt of LPCA)
- A statement noting the name of current supervisor(s) and the supervisor's contact information

Counseling Background <In paragraph form, describe the elements below.>

- Description of clientele (populations) served.
- Description of services offered (include a brief description of theoretical orientation and types of techniques used).
- Description of areas of competence (such as theoretical orientation and techniques – e.g., play therapy, EMDR, DBT, etc.).

Session Fees and Length of Service <In paragraph form, describe the elements below.>

- Length of sessions
- Specific fee charged for each type of session. If a sliding scale is used, it must be included in full with a blank for the agreed upon fee. If no fee is charged, this must be stated.
- Methods of payment accepted (cash, check, credit card, etc) and information about billing or insurance reimbursement.

Use of Diagnosis <Below is an example. Modify to fit your preference.>

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an "illness" before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

Confidentiality <Below is an example.>

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

Complaints <This section should remain the same>

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (http://www.counseling.org/Resources/aca-code-of-ethics.pdf).

North Carolina Board of Licensed Professional Counselors
P.O. Box 77819
Greensboro, NC 27417
Phone: 844-622-3572 or 336-217-6007
Fax: 336-217-9450
E-mail: Complaints@ncblpc.org

Acceptance of Terms <This section should remain the same>

We agree to these terms and will abide by these guidelines.

Client: _____ Date: _____

Counselor: _____ Date: _____

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

Jurisprudence Exam Information

This is the official Jurisprudence Exam for the North Carolina Board of Licensed Professional Counselors (NCBLPC). Completion of this Exam is required for all initial counseling licensure in North Carolina as well as for each subsequent renewal period. New applicants and renewing licensees shall submit the Certificate of Completion of this Jurisprudence Exam, which must be taken within six months prior to application for licensure or renewal (NC 21 NCAC 53 .0305).

After completing the exam, NCBLPC applicants and licensees will be able to:

- Explain the functions and duties of the North Carolina Board of Licensed Professional Counselors.
- List the qualifications for licensure for licensed professional counselor supervisors.
- Discuss the state laws and administrative rules regarding training requirements, licensure, and renewal of licenses.
- Apply the ACA Code of Ethics to a variety of clinical practice situations.

For licensees, this Jurisprudence Exam also qualifies for five contact hours of continuing education and fulfills the Ethics requirement for renewal of LPCA, LPC, and LPCS licensure.

For exam material and more information please visit the exam site.
Please be sure to select the appropriate exam for your license type:

NCBLPC Official Jurisprudence Exam

The exclusive provider of the NCBLPC Jurisprudence Exam is ContinuingEdCourses.Net.

Upon completion of the Exam and successful payment, ContinuingEdCourses.Net will provide you with a Certificate of Completion, which you can print for free, or you can order a certificate to be mailed to you for an additional fee. You must submit this certificate to the NCBLPC along with your application or renewal form.

Remember, the Jurisprudence Exam must be completed **no more than six months prior to a new license application or renewal of an existing license**.

Please forward questions or concerns regarding the Jurisprudence Exam to lpcinfo@ncblpc.org and Contact@ContinuingEdCourses.Net for technical support.