



LPC by Endorsement Licensure Application

Checklist for LPC by Endorsement Applicants

- I have read the Application Process for LPC by Endorsement.
- I have completed all of Section I. *Social Security Number and Date of Birth are required.*
- I have listed all licenses and certificates issued by 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 original transcripts be sent directly to the NCBLPC.
- I have listed three (3) professional references with contact information and the length of time I have known them in Section V.
- I have requested that the Out-of-State Verification portion of this application be completed by my current licensing board to fulfill the requirements in Section VI.
- I have listed my professional counseling experience in Section VII and requested that mental health colleagues complete the Verification of Professional Experience form(s) to be sent directly to the NCBLPC.
- I have listed my graduate course work with course codes in Section VIII.
- I have attached a photo (no larger than 2” x 2”) in Section IX.
- I have signed and dated the application in the presence of a Notary Public as required in Section X.
- 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, includes fee for criminal background check
- I have included my LPC Professional Disclosure Statement.
- I have included my LPC Jurisprudence Exam Certificate of Completion.



LPC Licensure by Endorsement Application

Are you currently in the military ___Yes OR a military spouse ___Yes

APPLICATION INSTRUCTIONS

1. **PRINT** or **TYPE** using **BLACK** Ink to complete this application.
2. Applicants must complete **ALL SECTIONS** of the application or the application will be returned..
3. A completed application and other required support documentation are to be mailed in one packet to the Board's address listed below.
4. The fee for each application is \$200 plus an additional \$38 for the criminal background check and must accompany the application when mailed. **Application fees are non-refundable.**

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

Name (Last, First, Middle): _____ Social Security Number _____ Date of Birth: _____
 _____ (required) _____ (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 (if different than above):

Work Phone:

Email Address:

Work Fax:

II. CREDENTIALS - To be completed by all applicants.

List all professional counseling credentials which you now hold or have ever held in order of attainment.

License/Certificate Type	License/Certificate #	Issue Date	Agency/State Issued By

Amount \$ _____

Payment: CC Check MO

Date Rec'd: _____

For Office Use Only

Name of Applicant: (Required) _____

III. LEGAL & ETHICS HISTORY - *To be completed by all applicants. All applicants are REQUIRED to submit two (2) fingerprint cards and payment of \$38 to the NCBLPC for a state and national criminal background check to be performed.*

- | | |
|---|--|
| <p>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.</p> | <p>1.
<input type="checkbox"/>Yes <input type="checkbox"/>No</p> |
| <p>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.</p> | <p>2.
<input type="checkbox"/>Yes <input type="checkbox"/>No</p> |
| <p>3. Have you ever been convicted of a violation of/or pled nolo contendere 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.**</p> | <p>3.
<input type="checkbox"/>Yes <input type="checkbox"/>No</p> |
| <p>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.</p> | <p>4.
<input type="checkbox"/>Yes <input type="checkbox"/>No</p> |
| <p>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.</p> | <p>5.
<input type="checkbox"/>Yes <input type="checkbox"/>No</p> |
| <p>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.</p> | <p>6.
<input type="checkbox"/>Yes <input type="checkbox"/>No</p> |
| <p>7. Have you ever been convicted of an offense involving the taking of illegal drugs or the consumption of alcohol? If yes, see below.**</p> | <p>7.
<input type="checkbox"/>Yes <input type="checkbox"/>No</p> |

** If you answered YES to either Question #3 or Question #7 you are required to provide the following:
 1) A written explanation of the event(s).
 2) A written explanation on how you have dealt with the circumstances that lead 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		Major/Degree Received	Date Degree Conferred
	From	To		

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

Name, Address, & Phone	Title	Yrs Known



North Carolina Board of Licensed Professional Counselors
 PO Box 77819; Greensboro, NC 27417 336-217-6007

VI. Out-of-State License Verification - Applicant is required to complete Section I of this page and forward to the current licensing board for completion. The current licensing board should mail to the address listed above.

Section I. To be completed by Applicant

Applicant's Name _____
Last First Middle

Applicant's SS# _____ - _____ - _____ Applicant's License # _____ State of Issue _____

Years of Experience as an LPC _____ Date issued _____ Type of License _____

Academic Institution _____

Degree _____ Year Conferred _____ Credits Earned _____

I hereby authorize the release of licensure information to the North Carolina Board of Licensed Professional Counselors.

_____ Date _____
Applicant's Signature

Section II. To be completed by the State Licensing Board where the North Carolina applicant is currently licensed

Title of License _____

License status: Active Issue date _____ Expiration date _____
mm/dd/yyyy mm/dd/yyyy

Inactive Expiration date _____
mm/dd/yyyy

Is this license in good standing? Yes No *If not, attach explanation.*

License issued by:
 Examination: NCE NCMHCE CRC Other _____
 Endorsement
 Grandfathering

Supervised post-degree experience:
 Total # of hours required _____ Supervisor license/credentials required _____
 Total direct counseling hours _____ Total supervisor contact hours per week _____
 Date range of experience: From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

Is there any record of disciplinary action taken against this licensee? Yes No *If yes, attach an explanation.*

Do you require verification of continuing education for licensure renewal? Yes No
 # of contact hours required _____ # of years in renewal period _____ # of ethics hours required _____

Board Name _____

Address _____ City/State/ZIP _____

Signature of person completing form _____ Printed name of person completing form _____

Official Title _____ Date form completed _____

(State Seal)

Name of Applicant: (Required) _____

VII. PROFESSIONAL COUNSELING EXPERIENCE - To be completed by all LPC by Endorsement applicants. List below, beginning with your current employment and working back through earlier employment, post-licensure professional counseling experience (use additional sheets if necessary). Send Verification of Professional Experience forms to mental health colleagues (Rule .0213) who can verify your post-licensure experience (2500 hours of direct client contact and 60 months of post-licensure work experience) and have them submit the forms to the Board.

1. Dates of Employment: From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

Full-Time (32-40 hours per week) Part-Time (8-31 hours per week)

Total number of Direct Client Contact Hours _____

Employer Name & Address: _____

Name of Person Verifying Experience: _____

2. Dates of Employment: From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

Full-Time (32-40 hours per week) Part-Time (8-31 hours per week)

Total number of Direct Client Contact Hours _____

Employer Name & Address: _____

Name of Person Verifying Experience: _____

3. Dates of Employment: From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

Full-Time (32-40 hours per week) Part-Time (8-31 hours per week)

Total number of Direct Client Contact Hours _____

Employer Name & Address: _____

Name of Person Verifying Experience: _____

4. Dates of Employment: From: _____ To: _____
mm/dd/yyyy mm/dd/yyyy

Full-Time (32-40 hours per week) Part-Time (8-31 hours per week)

Total number of Direct Client Contact Hours _____

Employer Name & Address: _____

Name of Person Verifying Experience: _____

Name of Applicant: (Required) _____

VIII. 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 a general knowledge of theories, their principles, and techniques for application in counseling relationships; shall include crisis intervention and suicide prevention models.

Course Code	Date Completed	Title	Sem/Qtr hrs

B. PROFESSIONAL ORIENTATION TO COUNSELING - shall provide an understanding of all aspects of functioning as a professional counselor, including a history of the counseling profession, various roles contemporary counselors have in our society, membership in professional counseling associations, self-care strategies appropriate to the counselor role, ethical conduct, standards of preparation, credentialing processes, and counseling supervision models, practices, and processes.

Course Code	Date Completed	Title	Sem/Qtr Hrs

C-1. PRACTICUM IN COUNSELING -shall be provided in a university-approved counseling setting for at minimum one (1) semester duration for practicum for academic credit in a regionally accredited program of study. Must have both a practicum and an internship as defined in Rule .0206.

Course Code	Date Completed	Title	Sem/Qtr Hrs

C-2. INTERNSHIP IN COUNSELING - shall be provided in a university-approved counseling setting for at minimum one (1) semester duration for internship for academic credit in a regionally accredited program of study. Must have both a practicum and an internship as defined in Rule .0206.

Course Code	Date Completed	Title	Sem/Qtr Hrs

Name of Applicant: (Required) _____

VIII. 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. ASSESSMENT IN COUNSELING - shall include studies that provide a broad understanding of historical perspectives concerning the nature and meaning of assessment as well as basic concepts of standardized and non-standardized testing and other assessment techniques.

Course Code	Date Completed	Title	Sem/Qtr Hrs

E. CAREER COUNSELING AND LIFESTYLE DEVELOPMENT - shall include studies that provide a broad understanding of career development theories and decision-making models as well as career and education planning, placement, follow-up, and evaluation.

Course Code	Date Completed	Title	Sem/Qtr Hrs

F. GROUP COUNSELING THEORIES AND PROCESSES - shall include studies that provide a broad understanding of group development, dynamics, methods, and counseling theories; shall help students understand group leadership styles, basic and advanced group skills, and other aspects of group counseling and group consultation.

Course Code	Date Completed	Title	Sem/Qtr Hrs

G. HUMAN GROWTH AND DEVELOPMENT THEORIES IN COUNSELING - shall provide a broad understanding of human behavior, including an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.

Course Code	Date Completed	Title	Sem/Qtr Hrs

Name of Applicant: (Required) _____

VIII. 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.

H. RESEARCH AND PROGRAM EVALUATION - shall include studies that provide a broad understanding of the importance of research in advancing the counseling profession; study of research methodology, statistical methods, the use of research to inform evidence-based practice; and ethical and culturally relevant strategies for interpreting and reporting the results of research and/or program evaluation studies.

Course Code	Date Completed	Title	Sem/Qtr Hrs

I. SOCIAL AND CULTURAL FOUNDATIONS IN COUNSELING - shall provide an understanding of theories of multicultural counseling, identity development, and social justice while examining multicultural and pluralistic trends, including characteristics and concerns within and among diverse groups nationally and internationally.

Course Code	Date Completed	Title	Sem/Qtr Hrs

Empty space for additional information or notes.

Name of Applicant: (Required) _____

IX. PHOTO



**Please attach passport size photo
with tape on each side**

Photo should be no larger than 2" x 2"

X. APPLICATION VALIDATION - *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 had 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.

XI. 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 1369, Garner NC 27529
15. Reason Fingerprinted: Licensed Professional Counselor per NCGS 90-345, state and federal.

XII. 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 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

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

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 27529**

I. 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:

II. 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
<input type="checkbox"/> Practicum <input type="checkbox"/> Internship				
<input type="checkbox"/> Practicum <input type="checkbox"/> Internship				
<input type="checkbox"/> Practicum <input type="checkbox"/> Internship				
<input type="checkbox"/> Practicum <input type="checkbox"/> Internship				
Percentage (Board use only)				

I verify that the statements in this verification of professional counseling experience are true and correct to the best of my knowledge.

Signature of Person Verifying: _____ Date: _____



Verification of Supervised Professional Practice

[To be completed for LPC Applicants]

Indicate to which LPC Applicant this supervised professional practice applies:

Name: _____ (If applicable LPCA # _____)

Confidentiality Note - The information submitted in this contract is privileged and confidential, and is intended solely for use by the North Carolina Board of Licensed Professional Counselors. N.C.G.S. §132-1.2.

INSTRUCTIONS: FORMS MUST BE MAILED—NO FAXES OR EMAILS

1. **PRINT** or **TYPE** using **BLACK** Ink to complete this verification of supervised professional practice. Person verifying supervised professional practice must be a qualified clinical supervisor as defined in Rule .0209.
2. **ALL SECTIONS** must be completed or the verification of supervised professional practice will be returned.
3. The verification of supervised professional practice 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**

I. GENERAL INFORMATION - *To be completed by person verifying supervised professional practice experience.*

Supervisor's Name (Last, First, Middle): _____

Title: _____

Name of Agency where Supervised Professional Practice occurred: _____

License Type and Number: _____

Issuance Date: _____

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

Business Phone: _____

Email Address: _____

Mobile Phone: _____

II. SUPERVISED PROFESSIONAL PRACTICE -

Supervision Period: _____ (month/day/year) to _____ (month/day/year)

Modality of Supervision Used (check all that apply):

- Direct (Live) Observation/Supervision Co-therapy Audio Recording Video Recording

Supervised Professional Practice and Clinical Supervision:

Supervised Professional Practice (as defined in Rule .0208): _____

Total # Hours **Indirect** Counseling: _____

(no less than 8 hours per week, no more than 40 per week)

Total # Hours **Direct** Counseling: _____

Individual Clinical Supervision (as defined in Rule .0210): _____

Total # Hours: _____ *(no less than 1hr per 40 hrs worked)*

Group Clinical Supervision (as defined in Rule .0211): _____

Total # Hours: _____ *(no less than 1hr per 40 hrs worked)*

I verify that the above information is accurate. The focus of the documented supervision sessions was based on raw data from clinical work which was made available to the supervisor through such means as direct (live) observation, co-therapy, audio and video recordings, and live supervision. The clinical supervision included a minimum of one hour of individual or group clinical supervision per 40 hours of counseling practice.

Supervisor's Signature: _____

Date: _____

Supervisee's Signature: _____

Date: _____

LPC –

Instructions for preparing your Professional Disclosure Statement

Per Section 90-343 of the LPC Act -

Any individual, or employer of an individual, who is licensed under this Article may not charge a client or receive remuneration for professional counseling services unless, prior to the performance of those services, the client is furnished a copy of a Professional Disclosure Statement that includes the licensee's professional credentials, the services offered, the fee schedule, and other provisions required by the Board. (1993, c. 514, s. 1.)

Per Rule .0204 of Chapter 53, Title 21 of the North Carolina Administrative Code –

A professional disclosure statement is a printed document that includes the following information:

- Name of licensee
- The licensee's highest relevant degree, discipline of the degree, year degree received, and name of institution granting the degree.
- Names and numbers of all relevant credentials (licenses, certificates, registrations).
- LPCA License and number.
- A license applicant should include a statement indicating that he/she is pursuing licensure as a Licensed Professional Counselor in North Carolina and that they are under board approved supervision.
- Number of years of counseling experience.
- Description of clientele (populations) served.
- Description of services offered (include a brief description of theoretical orientation and types of techniques used).
- 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 and insurance reimbursement.
- A brief statement regarding the use of diagnosis and the fact that this becomes a permanent part of the clients' records.
- An explanation of confidentiality, including responsibilities and exceptions (harm to self and others, indication of child or elder abuse, court order – *a subpoena is not a court order*).
- Statement of procedures for registering complaints, including the full name, the address and phone number of the North Carolina Board of Licensed Professional Counselors.
- Signature and date spaces for both the client and the licensee.

A current copy of this statement shall be provided to each client prior to the performance of professional counseling services. An updated professional disclosure statement shall be submitted to the Board office at the time of renewal. The counselor shall retain a file copy of the disclosure statement signed by each client.

The contents of your disclosure statement must be compatible with the Standards of Practice section of your application packet and with your education, training, and scope of experience. This document will be reviewed by the Board prior to approval of your application.

Please note that you must submit a disclosure statement even if you work in a setting (such as school counseling) which does not require that you present a disclosure statement to each client.

If all of the above items are not included in your statement, it will be returned to you.

Once LPC licensure has been issued the following sections should be **removed** from your PDS and you should file an updated copy of your Professional Disclosure Statement with the Board.

- A license applicant should include a statement indicating that he/she is pursuing licensure as a Professional Counselor in North Carolina and that they are under board approved supervision.
- A statement noting the name of current supervisor(s) and contact information.

LPC Professional Disclosure Statement

<Full Name, Credentials>

Office: <Number with Area code>

Fax: <Number with Area code>

E-mail: <Email Address if you want clients to have one>

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

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

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 and 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:

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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.