



# North Carolina Board of Licensed Professional Counselors

PO Box 1369 • Garner • North Carolina 27529-1369

Phone (919) 661-0820

Fax (919) 779-5642

## Credit Card Payment Form

Use this form *only* if paying by credit card.

I authorize the NCBLPC to charge \$\_\_\_\_\_ to my  Visa  MasterCard

Credit Card # \_\_\_\_\_ expiration date \_\_\_\_\_ (mm/yy)

CVV2 # \_\_\_\_\_ (This number is on the back of the credit card and is required for credit card processing.)

Cardholder's Name \_\_\_\_\_

Name, if payment for someone other than cardholder \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

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 \$100.00  
 License Renewal \$100.00  
 Late License Renewal \$125.00

**Professional Corporation Fees:**  Professional Corporation Application \$50.00  
 Professional Corporation Renewal \$25.00

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 \_\_\_\_\_ = \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_