



**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>

Change of Address Form

Changes must be mailed.

Mail this form to: NCBLPC
PO Box 77819
Greensboro NC 27417

Faxes are not accepted

Please print your first, middle and last name, along with your license number (if applicable), to help in finding your records in our database.

First Name

Middle Name

Last Name

NCBLPC License # _____ OR SS # _____ - _____ - _____

Old Address _____

HOME ADDRESS

Street 1) _____

Street 2) _____

City _____ State _____ ZIP _____

Phone (_____) _____ Fax (_____) _____

Email _____

WORK ADDRESS

Street 1) _____

Street 2) _____

City _____ State _____ ZIP _____

Phone (_____) _____ Fax (_____) _____

Email _____

This form must be signed by the licensee/applicant in order to be processed.

Signature

Date

There is no charge for changing your address with the Board. The Board requires all licensees and applicants maintain a current address on file with the Board office. Changes of address should be submitted within 60 days of move.