



North Carolina Board of Licensed Professional Counselors Verification of Professional Counseling Experience

[To be completed for LPCS Applicants]

Indicate to which Applicant this verification form applies:

Name: _____ LPC (# _____)

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.

VERIFICATION OF PROFESSIONAL COUNSELING EXPERIENCE INSTRUCTIONS

- PRINT** or **TYPE** using **BLACK** Ink to complete this verification of professional counseling experience. Person verifying professional counseling experience must be a mental health professional as defined in Rule .0213 and may not be completed by a relative.
- ALL SECTIONS** must be completed or the verification of professional counseling experience will be returned.
- The verification of professional 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 1369, Garner, NC 27529**

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

Name (Last, First, Middle):

Title:

Agency:

License Type and Number:

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

Business Phone:

Email Address:

Mobile Phone:

II. VERIFICATION OF PROFESSIONAL COUNSELING EXPERIENCE - To be completed by person verifying professional experience.

Name of Agency where Professional Counseling Experience Occurred:

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

Business Phone:

Do you have personal knowledge of the experience? Yes _____ No _____

Was Applicant licensed during experience? Yes _____ No _____ If so, License number and type: _____

	From (month/day/year)	To (month/day/year)	Total hrs of direct client contact
Full-time (32—40 hours/week)			
Part-time (8—31 hours/week)			
	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: _____