



**NORTH CAROLINA BOARD**  
*of* **LICENSED CLINICAL**  
**MENTAL HEALTH**  
**COUNSELORS**

**PHONE:** 844-622-3572  
**FAX:** 336-217-9450  
**WEB:** [ncblcmhc.org](http://ncblcmhc.org)  
**EMAIL:** [LCMHInfo@ncblcmhc.org](mailto:LCMHInfo@ncblcmhc.org)

## NCBLCMHC Payment Form

**FOR OFFICE USE ONLY**

REF. #: \_\_\_\_\_

BATCH #: \_\_\_\_\_

DATE: \_\_\_\_\_

CHECK #: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

Name of Applicant/Licensee: \_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Alternate Address for mailing (if requesting information be sent to other agencies or boards):

- |   |   |
|---|---|
| <p>1. _____</p> <p>_____</p> <p>_____</p> | <p>2. _____</p> <p>_____</p> <p>_____</p> |
|---|---|

**Please check what you wish to pay for:**

**Licensing Fees:**     **LCMHC Associate**    **LCMHC**     **LCMHC Supervisor**

- |   |          |
|---|----------|
| <input type="checkbox"/> Application          | \$200.00 |
| <input type="checkbox"/> License Renewal      | \$200.00 |
| <input type="checkbox"/> Late License Renewal | \$275.00 |
| <input type="checkbox"/> Fingerprint Fee      | \$38.00  |

**Professional Corporation Fees:**

- |  |         |
|--|---------|
| <input type="checkbox"/> Professional Corporation Application  | \$50.00 |
| <input type="checkbox"/> Professional Corporation Renewal      | \$25.00 |
| <input type="checkbox"/> Late Professional Corporation Renewal | \$35.00 |

Name of PC: \_\_\_\_\_ PC # \_\_\_\_\_

**Miscellaneous:**

- |  |         |         |            |
|--|---------|---------|------------|
| <input type="checkbox"/> Copy of Licensure File                        | \$50.00 | x _____ | = \$ _____ |
| <input type="checkbox"/> Duplicate License                             | \$15.00 | x _____ | = \$ _____ |
| <input type="checkbox"/> Mailing List (Educational Purposes Only)      | \$10.00 | x _____ | = \$ _____ |
| (contains work addresses only)   |         |         |            |
| <input type="checkbox"/> Summation of Supervised Professional Practice | \$25.00 | x _____ | = \$ _____ |
| <input type="checkbox"/> Verification of Licensure                     | \$ 5.00 | x _____ | = \$ _____ |

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