

8. Do you have any emotional/psychological impairment or condition that would affect your ability to protect public safety as you perform the work of a professional counselor?

Y_____ N_____

9. Have you been legally adjudicated mentally incompetent?

Y_____ N_____

10. Have you, to your knowledge, had any questions raised regarding your ethical conduct while practicing as an ALC?

Y_____ N_____

11. List only continuing education activities for which you have attached attendance certificates. Do not submit documents that have been altered in any way.

Course Title	Date	Hours	NBCC #
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Course Title	Date	Hours	NBCC #
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Course Title	Date	Hours	NBCC #
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12. List any activities, which fulfill Regulation 255-X-7.03(e). Attach documentation to substantiate each activity.

Applications **must** include documentation of 20 contact clock hours of approved continuing education. It is the responsibility of the ALC to ensure that continuing education activities are acceptable.

Please submit, with this application, the required biennial renewal fee of \$300.00. Payment should be made by check or money order payable to the Alabama Board of Examiners in Counseling (ABEC), 950 22nd Street N., Suite 765, Birmingham, AL 35203. The Board will process your renewal and if appropriate, issue you a new license, which will be in effect from August 1, 2007 until July 31, 2009.

Failure to pay renewal fee by August 1 of the renewal year shall automatically suspend the right of the licensee to practice or accrue supervised experience while delinquent.

AFFIDAVIT

I authorize the Alabama Board of Examiners in Counseling to make such inquiry as necessary in validating information contained in this application. I understand that the Board has final decision and authority with reference to this application. I also understand that any false or misleading information in connection with this application may be cause for rejection of this application, revocation of the license and/or possible legal action for such fraudulent information.

STATE OF _____ COUNTY OF _____

The undersigned, being sworn, deposes and says that he/she is the person who executed this application; that the statements contained herein are true in every respect; that he/she has not suppressed any information that might affect this application; that he/she will conform to the Code of Ethics of the Alabama Board of Examiners in Counseling; and that he/she has read and understands this affidavit.

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary

Applicant

My Commission Expires: _____

SEAL

INCOMPLETE RENEWAL APPLICATIONS WILL BE RETURNED TO THE APPLICANT.

IMPORTANT NOTICE: TO COMPLY WITH A DIRECTIVE FROM THE EXAMINERS OF PUBLIC ACCOUNTS, ALL CHECKS WILL BE DEPOSITED UPON RECEIPT. DEPOSIT OF THE RENEWAL FEE DOES NOT CONFIRM RENEWAL OF YOUR LICENSE.

