

ALABAMA BOARD OF EXAMINERS IN COUNSELING

950 22nd Street North, Suite 765 • Birmingham, Alabama 35203 • (205) 458-8716 • www.abec.alabama.gov

RENEWAL PERIOD 8/1/2011 –7/31/2013 (This form may not be used after 7/31/11)

SS# _____ License # _____

1. Name: _____
First Middle Last

2. Has your name changed since last application? Yes No

If yes, give name that appears on your current license: _____
First Middle Last

Please check address and phone to be listed on ABEC website and used by Board to communicate with you.

3. Home Address: _____
Street Apt. #

City State Zip

4. Business: _____
Name of Organization Your Title

Street Suite #

City State Zip

5. Telephone Business: _____ Home: _____
Area Code Number Area Code Number

E-Mail: _____ Fax: _____

6. Are you currently providing counseling services? Yes No If yes, give brief description of counseling services performed:

7. Do you have a current counseling license in any other state? Yes No If yes, list state and license number:

8. List professional organizations in which you are a member: _____

(If you answer "yes" to questions 9, 10, 11, 12, or 13 below, you must attach a separate sheet giving details.)

9. Have you been convicted of a felony or any offense involving moral turpitude? Yes No

10. Have you used any narcotics or any alcoholic beverage to the extent that such use impairs your ability to perform the work of a professional counselor with safety to the public? Yes No

11. 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? Yes No

12. Have you been legally adjudicated mentally incompetent? Yes No

13. Have you, to your knowledge, had any questions raised regarding your ethical conduct while practicing as an LPC? Yes No

- 14 A. **List only continuing education activities for which you have attached attendance certificates. Attendance certificates must bear name of licensee, date and title of event, number of hours awarded, and either the NBCC or CRCC provider number or statement of approval by another state counseling licensure board. Certificates without this information will not be accepted. DO NOT submit documents or certificates that have been altered in any way. Use separate sheet if necessary.**

Date	Title	Provider #	Hours Awarded
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Date	Title	Provider #	Hours Awarded
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Date	Title	Provider #	Hours Awarded
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- 14 B. **List 6 hours of continuing education devoted to ethical concerns for practice, assessment, supervision, or research in counseling.**

Date	Title	Provider #	Hours Awarded
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Date	Title	Provider #	Hours Awarded
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Date	Title	Provider #	Hours Awarded
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Total Hours Awarded in 14A and 14B _____

Important: A total of 40 hours of approved continuing education hours is required for renewal. Persons who have a license that was issued for less than a twenty-four month period may prorate the 40 hours. Contact the Board office if you need additional information about proration.

15. Have you ordered an official academic transcript to be sent to the Board office to verify completion of coursework: Yes No
Important: Courses taken as “audits” require instructor’s verification of satisfactory attendance and participation.
 (This question applies only to those who have taken an academic course and want to submit it for CE credit)

16. **If you choose to use the option in Regulation 255-X-7-.01(4)(d), mark the two (2) activities for which you have attached the required supporting documentation. Choose two separate items. You may not use the same activity twice.**

- Services as a presenter for a seminar, workshop or training conference that is primarily counseling in nature.
- Publication of Peer reviewed material that is primarily counseling in nature.
- Therapy received (counseling, psychotherapy, analysis) leading to certification or utilized as a learning modality that was pre-approved by the Board and yielded a certificate or similar document for inclusion in my licensure file.
- Services on boards, commissions, and holding office in professional organizations, specifically related to counseling, and in which at least thirty (30) hours annually were devoted to such service.

Questions 17 and 18 are for LPCs who hold Supervising Counselor certificates issued by the Board.

17. Supervising Counselor providing supervision for an Associate Licensed Counselor. A maximum of ten (10) clock hours of CEU credit may be earned by providing one hundred (100) hours of supervision. Attach copy of ALC’s supervision progress report. (See page 5)

Hours of supervision provided

Hours of CEU credit requested

18. Supervising Counselor providing supervision-of-supervision for a Supervising Associate. A maximum of ten (10) clock hours of CEU credit may be earned by providing forty-eight (48) hours of supervision-of-supervision . Attach documentation listing name of Supervising Associate and period of time over which supervision was provided. (See page 5)

Hours of supervision-of-supervision provided

Hours of CEU credit requested

SUMMARY OF CONTINUING EDUCATION HOURS

Total number of hours listed in Items 14 A & B _____

Total number of hours listed in Item 16. (Enter either 0 or 10). _____

Total number of hours listed in Item 17. (Maximum of 10) * _____

Total number of hours listed in Item 18. (Enter either 0 or 10)** _____

Total number of hours documented in this renewal application: _____

* Supervising Counselors may earn a maximum of 10 clock hours per renewal for supervision of an Associate Licensed Counselor (ALC). One (1) clock hour of CEU credit may be earned for every ten (10) hours of supervision. (e.g., Supervising an ALC 40 clock hours yields 4 clock hours of CEU credit, Supervising an ALC for 100 clock hours yields 10 hours of CEU credit, etc.)

** Supervising Counselors may earn 10 clock hours per renewal for completing all required supervision of a Supervising Associate (SA). (i.e., supervising the SA for 48 clock hours yields 10 clock hours of CEU credit.)

To be considered for license renewal, the following affidavit must be signed and notarized.

AFFIDAVIT

I understand that as a Licensed Professional Counselor in the state of Alabama, I am subject to all regulations and discipline of Code of Alabama 1975, §§34-8A-1 et seq. I have read and will conform to the Code of Ethics and Standards of Practice of the Alabama Board of Examiners in Counseling(ABEC). I authorize the ABEC to make such inquiry as necessary in validating information contained in this application. I understand that the ABEC 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; and that he/she has not suppressed any information that might affect this application.

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

Applicant

Seal:

Notary Public

My commission expires: _____

MAKE CHECKS PAYABLE TO ALABAMA BOARD OF EXAMINERS IN COUNSELING. MAIL COMPLETED APPLICATION, \$300.00 RENEWAL FEE AND DOCUMENTATION TO:

**ALABAMA BOARD OF EXAMINERS IN COUNSELING
950 22ND STREET NORTH, SUITE 765
BIRMINGHAM, AL 35203**

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.

This checklist is provided as an assistance for completing the renewal application and does not need to be returned with the completed form.

CHECKLIST FOR RENEWAL FORM

- () All required licensee information (Items #1-#13)
- () All CEU activities **with** certificates (Items #14 A & B)
- () Academic transcript requested (if selected; Item #15)
- () **Two** selections from Option D (if selected; Item #16)
- () Documentation for ALC supervision (if selected; Item #17)
- () Documentation for SA supervision (if selected; Item #18)
- () Summary of CE hours (Item #19)
- () Notarized statement (Item #20)
- () Renewal Fee