

# Alabama Board of Examiners in Counseling

2777 Zelda Road • Montgomery, Alabama 36106

## **REACTIVATION OF INACTIVE COUNSELING LICENSE APPLICATION**

This form should only be used if you previously inactivated your license with ABEC.

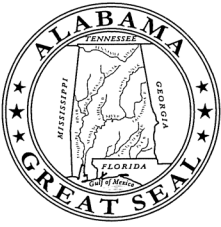
To reactivate your counseling license you must **submit the required documentation to the ABEC with sufficient advanced time to allow the ABEC office to process, review, and, if found acceptable, forward your application to the next regularly scheduled ABEC meeting for final review and voting.** Submitting it thirty to forty-five (30-45) days prior to when you need it is suggested to give your application time to arrive through the postal system and be reviewed by the ABEC office. *MERELY SUBMITTING YOUR APPLICATION DOES NOT CONSTITUTE A COMPLETED REINSTATEMENT.*

*Applications for renewal of an expired license that do not contain appropriate documentation of the required documentation and minimum continuing education hours will be considered invalid and will be returned to the applicant.*

A COMPLETE RENEWAL APPLICATION PACKET MUST INCLUDE:

- 1) Complete, *with signatures*, Reactivation Application Form
- 2) Reactivation fee:
  - a) The reactivation fee is \$50.00 per year of the inactive license, not to exceed \$250.00.
  - b) Make check or money order payable to: Alabama Board of Examiners in Counseling
  - c) To comply with directives from the Examiners of Public Accounts, the ABEC will deposit all checks upon receipt. **Deposit of the reactivation fee does not constitute or confirm reactivation of your license.**
- 3) Proof of Citizenship Form (PoC)

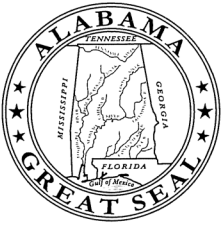
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<b>Associate Licensed Counselor (ALC)</b>	<b>Licensed Professional Counselor (LPC)</b>
<p>4) Continuing Education documentation</p> <p>a) As a part of the reactivation application packet you <b>MUST</b> submit documentation verifying ten (10) hours of approved continuing education earned in the twelve (12) month period immediately preceding the request for reactivation. The ten (10) hours must consist of a minimum of seventy-five percent (75%) of real-time, interactive, and synchronous learning activities. Two (2) of the required ten (10) hours must be devoted to ethics.</p> <p>b) Following are the only forms of documentation of continuing education that is accepted by the ABEC.</p> <p>i) Attendance certificate (which must contain the title of the activity or presentation, your name, the NBCC ACEP provider number or the name of the hosting/sponsor that has assumed responsibility of the CE content, the dates of the CE event, the number of hours conferred). Ethics CE events should be clearly marked as ethics/ethical content. Copies of certificates are acceptable.</p> <p>ii) Official college/university transcripts (if you are using academic coursework for CE credit).</p> <p>iii) Audited Academic Courses (see Administrative Code 255-X-7-.02(3)(b)).</p> <p>5) Proposed Plan of Supervision (PPoS)</p>	<p>4) Continuing Education documentation</p> <p>a) As a part of the renewal application packet you <b>MUST</b> submit documentation verifying forty (40) hours of approved continuing education earned in the twenty-four (24) months immediately preceding the request for renewal. The forty (40) hours must consist of a minimum of seventy-five percent (75%) of real-time, interactive, and synchronous learning activities. Six (6) of the required forty (40) hours must be devoted to ethics.</p> <p>b) Following are the only forms of documentation of continuing education that is accepted by the ABEC.</p> <p>i) Attendance certificate (which must contain the title of the activity or presentation, your name, the NBCC ACEP provider number or the name of the hosting/sponsor that has assumed responsibility of the CE content, the dates of the CE event, the number of hours conferred). Ethics CE events should be clearly marked as ethics/ethical content. Copies of certificates are acceptable.</p> <p>ii) Official college/university transcripts (if you are using academic coursework for CE credit).</p> <p>iii) Documentation of professional activities (see Administrative Code 255-X-7-.01(4)(d)).</p>



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## PERSONAL AND BACKGROUND INFORMATION

▶ Date of Application: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

▶ Applicant's Name (last/first/middle): \_\_\_\_\_

▶ Inactive License No.: \_\_\_\_\_  ALC  LPC Inactive Date: \_\_\_\_\_

▶ Name as printed on inactive license: \_\_\_\_\_

▶ If ALC reactivation:

○ Name of current LPC Supervising Counselor: \_\_\_\_\_

○ Current LPC Supervising Counselor's License No.: \_\_\_\_\_

▶ List home and business contact information. Check box to indicate address you wish Board to use for corresponding with you AND that will also appear on the roster on our website.

*Home* (street): \_\_\_\_\_

(city, state, zip): \_\_\_\_\_

Phone (incl. area code): \_\_\_\_\_ Email: \_\_\_\_\_

*Business* (organization name): \_\_\_\_\_

(street): \_\_\_\_\_

(city, state, zip): \_\_\_\_\_

Phone (incl. area code & ext.): \_\_\_\_\_ Email: \_\_\_\_\_

Title/Position: \_\_\_\_\_

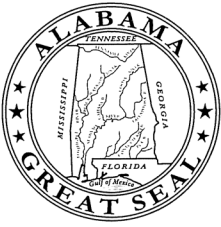
▶ Are you or have you ever been licensed by any other professional licensing board aside from ABEC?.....  
 Yes  No

If yes, list type of license, state, license number and original issue date.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_



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▶ Since your application for ABEC initial ALC license:

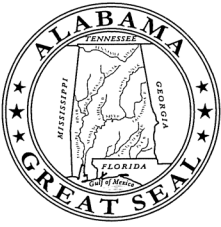
- 1) Have you been refused licensure or certification, voluntarily surrendered licensure or certification, or had your license suspended by any counseling or counseling related Board? .....  Yes  No  
If yes, attach explanation on separate sheet.
- 2) Have you been convicted of a felony or any offense involving moral turpitude? .....  Yes  No  
If yes, attach explanation on separate sheet with a copy of your Case Action File and case disposition for your arrest.
- 3) Have you used any narcotics or any alcoholic beverage to the extent or in a manner dangerous to any other person or the public, or to an extent that it impairs your ability to perform the work of a professional counselor with safety to the public? .....  Yes  No
- 4) Have you ever been legally adjudicated mentally incompetent? .....  Yes  No  
If yes, attach explanation on separate sheet.
- 5) Have you ever been censured or judged guilty of any unethical practices by a professional organization of which you were a member? .....  Yes  No  
If yes, attach explanation on separate sheet.
- 6) **Do you agree to abide by the current Code of Alabama, the ABEC Administrative Rules, and the ABEC Code of Ethics and Standards of Practice?** .....  Yes  No

▶ List the names of the professional organizations in which you currently hold membership.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

### CONTINUING EDUCATION ACTIVITIES

- ▶ Attach a list all Continuing Education activities you are submitting for consideration of fulfillment of Administrative Regulation 255-X-7-.02(3) or 255-X-7-.01(4). Attach certificates or further documentation to support these activities.



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## AFFIDAVIT

*Must be signed and notarized.*

- ▶ 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 understand that any false or misleading information in connection with this application may be cause for rejection of the application, revocation of the license and/or possible legal action for such fraudulent information.
- ▶ I understand that failure to comply with the Code of Alabama, the ABEC Administrative Rules, and the ABEC Code of Ethics and Standards of Practice may affect my licensure status with ABEC.
- ▶ I, the undersigned swear/affirm that I am over the age of 19 years, am the person who executed this application; that the statements contained herein are true in every respect; that I have not suppressed any information that might affect this application; that I have read and will conform to the current Code of Alabama, the ABEC Administrative Rules, and the ABEC Code of Ethics and Standards of Practice; and that I have read and understand this affidavit.

Applicant (sign): \_\_\_\_\_ (print): \_\_\_\_\_

Address (street): \_\_\_\_\_

(city, state, zip): \_\_\_\_\_

Phone (incl. area code): \_\_\_\_\_ Email: \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public (sign): \_\_\_\_\_ (print): \_\_\_\_\_

My commission expires: \_\_\_\_\_

### **SUBMIT THIS APPLICATION AND FEE TO:**

Alabama Board of Examiners in Counseling  
2777 Zelda Rd.  
Montgomery, AL 36106