



# Alabama Board of Examiners in Counseling

2777 Zelda Road • Montgomery, Alabama 36106

## **LICENSED PROFESSIONAL COUNSELOR (LPC) INITIAL LICENSE APPLICATION (from ALC)**

- ▶ Submitted with this application is all the information required for consideration for Licensed Professional Counselor (LPC) licensure as contained in the application form.
- ▶ With the submission of this application the ABEC (the Board) is free to document and verify any information provided in this application through the Boards own means, including any of my education, clinical and professional experience, professional memberships, and background information.
- ▶ I have requested that three (3) recommendation forms.
- ▶ Submitted with this application is the required application fee of \$200.00 (Payment should be by check or money order payable to the Alabama Board of Examiners in Counseling.). PLEASE NOTE THE APPLICATION FEE IS NOT REFUNDABLE UNDER ANY CONDITION.
  - SUBMIT ONLY THE \$200.00 APPLICATION FEE AT THIS TIME. Upon final Board approval of this application, the Board will notify you of the required licensure fee payment.
- ▶ Please note the application process could take a minimum of three (3) months.
- ▶ UNDERSTAND THAT YOU MAY NOT ENGAGE IN THE PRACTICE OF COUNSELING UNTIL YOUR LPC LICENSE HAS BEEN ISSUED BY THE BOARD.



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## A COMPLETE LPC INITIAL LICENSE APPLICATION PACKET MUST INCLUDE:

- 1) Complete, *with signatures*, LPC Initial License Application Form
- 2) Application fee of \$200.00
  - a) Make check or money order payable to: Alabama Board of Examiners in Counseling
  - b) To comply with directives from the Examiners of Public Accounts, the ABEC will deposit all checks upon receipt. **Deposit of the renewal fee does not constitute or confirm approval of your license.**
- 3) Documentation, if applicable, from the Board/Agency that issued your past and current license(s) forwarded directly to the ABEC containing a written license verification to include: 1) license designation (e.g., LPC, LMHC), 2) original issue date, 3) expiration date, 4) status of license (e.g., active, inactive, expired), 5) any disciplinary actions to include a copy of any orders issued.
- 4) Three (3) Recommendation Forms (official ABEC Recommendation Form only)
  - a) At least two of the recommendations should be from current or former supervisors. It is recommended that the third reference be someone very familiar with your counseling skills.
- 5) A passing score in the National Counselors Examination for Licensure and Certification (NCE) is required for LPC licensure in Alabama. These scores should be requested from NBCC to be sent directly to ABEC.

## IMPORTANT NOTICE

Active pursuit of application for licensure is expected. Applications not resulting in licensure are deemed to be temporary Board records. These records are retained three (3) years after the end of the fiscal year in which the records were created. The creation date of the file will be the initial date of receipt of the application.



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## PERSONAL AND BACKGROUND INFORMATION

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

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

▶ ALC License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

▶ Have you ever used another name?  Yes  No If yes, list below:

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

2) \_\_\_\_\_ 4) \_\_\_\_\_

▶ Name(s) used on transcripts: \_\_\_\_\_

▶ I have completed all supervision requirements of the ABEC ALC.....  Yes  No

▶ Have you passed the National Counselors Examination for Licensure and Certification (NCE)? .....  
 Yes  No

If yes, your scores should be requested from NBCC to be sent directly to ABEC if not already done so.

Date you passed the NCE? \_\_\_\_\_

▶ Are you currently active duty in military or the spouse of active duty military? .....  Yes  No  
If yes, supply supporting documentation.

▶ 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: \_\_\_\_\_



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- ▶ 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) \_\_\_\_\_

- ▶ Answer the following and provide any necessary documentation.

- 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) \_\_\_\_\_



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## PROFESSIONAL/CLINICAL EXPERIENCE

- ▶ A complete statement of the clinical career of the applicant is required, in chronological order (most recent first). Do not include Practicum or Internship experience from the worksheet for reporting course work.

1) Organization: \_\_\_\_\_

This is a:  Private Practice       Non-profit       Government Agency (local, municipal, state, federal)

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

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

Dates From/To (mo/yr – mo/yr): \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2) Organization: \_\_\_\_\_

This is a:  Private Practice       Non-profit       Government Agency (local, municipal, state, federal)

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

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

Dates From/To (mo/yr – mo/yr): \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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3) Organization: \_\_\_\_\_

This is a:    Private Practice       Non-profit       Government Agency (local, municipal, state, federal)

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

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

Dates From/To (mo/yr – mo/yr): \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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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