



# Alabama Board of Examiners in Counseling

2777 Zelda Road • Montgomery, Alabama 36106

## **LICENSED PROFESSIONAL COUNSELOR – SUPERVISOR (LPC-S) APPLICATION**

To apply for your license as a Licensed Professional Counselor – Supervisor (LPC-S) **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 available ABEC agenda for final review and voting.**

A COMPLETE RENEWAL APPLICATION PACKET MUST INCLUDE:

- 1) Complete, *with signatures*, LPC-S Application Form
- 2) Application fee of \$150.00
  - 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 renewal of your license.**
  - c) PLEASE NOTE THE APPLICATION FEE IS NOT REFUNDABLE UNDER ANY CONDITION.
- 3) Documentation of Training
- 4) Theoretical Foundation Statement
- 5) Recommendations from three (3) ABEC licensed LPC's (use official ABEC LPC-S Recommendation Form only)
- 6) Special Assignment Statement, with Résumé/CV (if applicable)



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## PERSONAL AND BACKGROUND INFORMATION

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

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

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

Your name as printed on current LPC license: \_\_\_\_\_

▶ 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: \_\_\_\_\_

▶ List all of your degrees, including area of study for each:

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

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

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

▶ Have you completed at least five (5) years of full-time clinical practice as an LPC as required by Administrative Code 255-X-3-.03(a)? .....  Yes  No

▶ When were you originally licensed as an LPC by ABEC? \_\_\_\_\_

▶ **Have you read and 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



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## TRAINING

- ▶ Check all that apply below and provide documentation (e.g., certificate or official transcript) of their completion.
  - ABEC Approved Event (minimum 24 contact hours) within last three (3) years

**Provider and date completed:** \_\_\_\_\_

## THEORETICAL FOUNDATION

- ▶ Provide a typed statement discussing your philosophy and model(s) of supervision and an assessment of your strengths and weaknesses as a potential supervisor. This statement shall adequately demonstrate familiarity with the significant legal, ethical, and clinical issues relevant to the supervisory relationship.

## PEER RECOMMENDATIONS

- ▶ Provide recommendations from three (3) current ABEC licensed LPC's (use official ABEC LPC-S Recommendation Form only)

## SPECIAL ASSIGNMENT

- ▶ I would like to be considered for inclusion on the ABEC Panel of Supervisors for LPC's who are required by the ABEC to enter into supervision in order to remediate an ethical violation.  Yes  No
  - 1) I have attached a statement on why I would like to be part of this panel. ....  Yes  No
  - 2) I have attached a résumé or curriculum vitae. ....  Yes  No



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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 the 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