



ALABAMA BOARD OF EXAMINERS IN COUNSELING

400 South Union Street, Suite 245 · Montgomery, Alabama 36104
Post Office Box 305030 · Montgomery, Alabama 36130-5030

ASSOCIATE LICENSED COUNSELOR (ALC) RENEWAL APPLICATION

To renew your license as an Associate Licensed Counselor (ALC) **you must submit the required documentation to the ABEC with sufficient advanced time to allow the ABEC office to review and process your application.** Submitting it thirty (30) days prior to your ALC expiration date is strongly suggested to give your application time to arrive through the postal system and be reviewed by the ABEC office.

SUBMITTING YOUR APPLICATION BEFORE YOUR EXPIRATION DATE DOES NOT CONSTITUTE A COMPLETED RENEWAL AND IT IS POSSIBLE THAT YOUR LICENSE COULD LAPSE.

A COMPLETE RENEWAL APPLICATION PACKET MUST INCLUDE:

- 1) Complete, *with signatures*, ALC Renewal Application Form (altered forms from original format are not accepted)
- 2) Renewal fee of \$150.00
 - a) Make check or money order payable to: Alabama Board of Examiners in Counseling (ABEC)
 - 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.**

PLEASE NOTE: APPLICATION FEE IS NOT REFUNDABLE UNDER ANY CONDITION.

- 3) Continuing Education documentation
 - a) As a part of the renewal application packet, you **MUST** submit documentation verifying ten (10) hours of approved continuing education earned in the twelve-month (12) period immediately preceding the request for renewal. 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.
 - b) Following are the only forms of documentation of continuing education that is accepted by the ABEC.
 - i) Attendance certificate (must contain the title of the activity or presentation, your name, the approved ACEP provider number or the name of the hosting/sponsor that has assumed responsibility of the CE content, the dates of the CE event, and the number of hours conferred). Ethics CE events should be clearly marked as ethics/ethical content. Copies of certificates are acceptable.
 - ii) Official college/university transcripts (if you are using academic coursework for CE credit).
 - iii) Audited Academic Courses (see Administrative Code 255-X-7-.02(3)(b)).
- 4) **If renewing a lapsed license:** you **MUST** submit an ALC Renewal application, a new Proposed Plan of Supervision (PPoS), a copy of CE certificates, and a Lapsed License Fee of \$100 is required (should be combined with renewal fee).



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Applications that are incomplete and/or do not contain appropriate documentation of the required continuing education will be considered invalid and will be returned to the applicant without review. All fees are non-refundable.

PERSONAL AND BACKGROUND INFORMATION

▶ Date of Application: _____ Social Security No.: _____

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

▶ ALC License No.: _____ Expiration Date: _____

Name as printed on current ALC license: _____

▶ Name of current LPC Supervising Counselor: _____

Current LPC Supervising Counselor's License No.: _____

▶ List home and business contact information. Check box to indicate the address you prefer the Board to use for correspondence.

Home (street): _____

(city, state, zip, county): _____

Phone (incl. area code): _____ Email: _____

Business (organization name): _____

(street): _____

(city, state, zip, county): _____

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) _____



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▶ Since your application for the initial ABEC 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 a separate sheet.
- 2) Have you been convicted of a felony or any offense involving moral turpitude? Yes No
If yes, attach an explanation on a 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 a 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 a separate sheet.

6) **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**

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

- 1) _____
- 2) _____

CONTINUING EDUCATION ACTIVITIES

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

- 1) _____
- 2) _____
- 3) _____
- 4) _____



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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, county): _____

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

Post Office Box 305030

Montgomery, AL 36130-5030