



Alabama Board of Examiners in Counseling

2777 Zelda Road • Montgomery, Alabama 36106

LICENSED PROFESSIONAL COUNSELOR (LPC) ONLINE RENEWAL - SUPPLEMENTAL INFORMATION

CONTINUING EDUCATION ACTIVITIES

▶ If your LPC license is:

- CURRENT/UNLAPSED: List (title, date, location, provider/#) all Continuing Education activities you are submitting for consideration of fulfillment of Administrative Regulation 255-X-7-.01(4).
- You do not need to attach certificates or further documentation to this application. Documentation is only if you have been chosen for audit. LPCs that are chosen for audit will be contacted after Aug. 1 for documentation of Continuing Education.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____
- 13) _____
- 14) _____
- 15) _____



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ATTESTATION

▶ Since your application for ABEC initial LPC 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 been legally adjudicated mentally incompetent? Yes No
If yes, attach explanation on separate sheet.
- 5) Have you 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) **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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AFFIDAVIT ***Must be signed.***

- ▶ 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): _____

LPC Lic. #: _____

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

DO NOT INCLUDE CE DOCUMENTATION UNLESS YOU HAVE BEEN CHOSEN FOR LICENSURE AUDIT.

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