



**APPLICATION FOR RENEWAL OF  
 LICENSED PROFESSIONAL COUNSELOR (LPC)**

(Please Print)

**INSTRUCTIONS**

1. Please provide the information requested (see additional information enclosed).
2. List all continuing education and include copies of certificates of participation or other written verification of attendance at continuing education programs, as well as content and presenter information (page 2).
3. Complete Statement of Professional Intent (page 3).
4. Sign Affidavit (page 4).
5. Mail completed application to the following address:

**North Dakota Board of Counselor Examiners**  
 2112 10<sup>th</sup> Ave. SE  
 Mandan, ND 58554

**FEES:** Attach license renewal fee of **\$100.00**

**A. GENERAL INFORMATION**

NAME (Last, First, Middle Initial)	Date of birth:	COUNSELOR LICENSE NUMBER:
MAILING ADDRESS (Street and/or PO Box No.)		TELEPHONE NUMBER: Work Home:
CITY, STATE, ZIP		E-MAIL ADDRESS:

**B. ANSWER THE FOLLOWING QUESTIONS** (yes answers must be explained in an attached statement).

	YES	NO
1. Have you been convicted of a felony since receiving your current license? . . . . .	"	"
2. Have you become dependent upon, evaluated for, and/or received treatment for drug or alcohol abuse since receiving your current license? . . . . .	"	"
3. Have you had a malpractice judgment issued against you since receiving your current license? . . . . .	"	"
4. Have you become impaired from effectively providing professional counseling services since receiving your current license? . . . . .	"	"

**CONTINUING EDUCATION ACTIVITIES**

List the continuing education activities that you have participated in since receiving or last renewing your professional counselor license(s). This summary should indicate that you have met or exceeded the continuing education requirements of thirty (30) hours for the LPC.

For continuing education not yet approved through the Board, attach the **certifications of participation, transcripts**, or other **written verification that documents your participation** in the activities. Also enclose a **description of the content** as well as **presenter credentials**. Continuing education you have previously submitted need only be listed, as supporting documentation is filed. All events listed must be within the two-year time frame of this licensure period. One hour of continuing education credit is given for every 50 minutes of attendance in approved continuing education sessions.

NAME: LICENSE #:	DATE OF LAST RENEWAL: LICENSE EXPIRES:
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<b>ACTIVITY</b>	<b>SPONSOR</b>	<b>DATES</b>	<b># of CEH's</b>	<b>APPROVED</b>
<b>**No more than 15 CEH's from any one source, method or topic.**</b>				
<i>see <a href="http://www.ndbce.org">www.ndbce.org</a> Continuing Education/Guidelines</i>				
<b>Example:</b> Midwinter Conference <b><u>LPC: 30 hours required</u></b>	NDCA	Feb. 9-11, 2004	10	

**TOTAL CONTINUING EDUCATION HOURS** \_\_\_\_\_

## **STATEMENT OF PROFESSIONAL INTENT**

Provide the Board with a full written description of your counseling practice. In the space below indicate:

- (a) your intent to practice counseling in North Dakota,
- (b) your setting or settings, (private practice, school, community agency, etc.),
- (c) your intended client population, and
- (d) (1) the counseling approaches you are qualified to use in serving these clients **and**,  
(2) the basis for those qualifications.

**AFFIDAVIT**

I swear that I am the person referred to in this application for renewal of my North Dakota Professional Counselor License, and that the foregoing statements and enclosures are true in every respect.

Further, I swear that I have adhered to the Code of Ethics adopted by the North Dakota Board of Counselor Examiners in my counseling practice. The Code of Ethics for licensed professional counselors in North Dakota is the Code defined by the North Dakota Century Code.

Enclosed is the renewal fee of \$100 made payable to the North Dakota Board of Counselor Examiners. Send payment in the form of a money order, cashier's check or personal check. Do Not Send Cash.

\_\_\_\_\_  
Applicant=s Signature

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**

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DATE APPLICATION AND FEE RECEIVED	CONTINUING EDUCATION REQUIREMENT
YES ON PAGE 1, QUESTIONS	AFFIDAVIT SIGNED
COMMENTS  _____  _____  _____	