

**ALABAMA BOARD OF EXAMINERS IN COUNSELING**

950 22<sup>nd</sup> Street North, Suite 765 • Birmingham, Alabama 35203 • (205) 458-8716 • [www.abec.alabama.gov](http://www.abec.alabama.gov)

**RENEWAL PERIOD 8/1/2017–7/31/2019 (This form may not be used after 7/31/17)**

LPC License # \_\_\_\_\_ I previously provided to ABEC proof of citizenship or lawful presence in U.S.  Yes  No

1. Name: \_\_\_\_\_  
First Middle Last

2. Has your name changed since last application?  Yes  No

Name that appears on your current license: \_\_\_\_\_  
First Middle Last

*List home and business addresses. Place "X" by address to be listed on ABEC website and used by Board to communicate with you.*

3. \_\_\_ Home Address: \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_  
City State Zip

4. \_\_\_ Business: \_\_\_\_\_  
Name of Organization Your Title  
\_\_\_\_\_  
Street Suite #  
\_\_\_\_\_  
City State Zip

5. Telephone Business: \_\_\_\_\_ Home: \_\_\_\_\_  
Area Code Number Extension Area Code Number  
E-Mail: \_\_\_\_\_ Cell: \_\_\_\_\_  
Area Code Number

6. Do you have a current counseling license in any other state?  Yes  No If yes, list state and license number:

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*(If you answer “yes” to questions 7, 8, 9, 10, or 11 below, you must attach a separate sheet giving details.)*

7. Have you been convicted of a felony or any offense involving moral turpitude?  Yes  No

8. Have you used any narcotics or any alcoholic beverage to the extent that such use impairs your ability to perform the work of a professional counselor with safety to the public?  Yes  No

9. Do you have any emotional/psychological impairment or condition that would affect your ability to protect public safety as you perform the work of a professional counselor?  Yes  No

10.

10. Have you been legally adjudicated mentally incompetent?  Yes  No

11. To your knowledge, have any questions been raised regarding your ethical conduct as an LPC during the past 2 years?  Yes  No

**To be considered for license renewal, the following affidavit must be signed and notarized.**

**AFFIDAVIT**

I understand that this renewal is subject to a random audit by the Alabama Board of Examiners in Counseling (ABEC). The purpose of the audit is to verify that continuing education requirements as specified in section 255-X-7-.01 of the Administrative Code have been met. I understand that if I am notified by the ABEC that my renewal has been selected for audit, I am required to send verification of my continuing education to the ABEC office within thirty (30) days of receipt of the audit notice.

By my signature, I verify that I am compliant with ABEC requirements for approved continuing education.

I understand that as a Licensed Professional Counselor in the state of Alabama, I am subject to all regulations and discipline of *Code of Alabama* 1975, §§34-8A-1 et seq. I have read and will conform to the Code of Ethics and Standards of Practice of the Alabama Board of Examiners in Counseling (ABEC). I authorize the ABEC to make such inquiry as necessary in validating information contained in this application. I understand that the ABEC has final decision and authority with reference to this application. I also understand that any false or misleading information in connection with this application may be cause for rejection of this application, revocation of the license and/or possible legal action for such fraudulent information.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The undersigned, being sworn, deposes and says that he/she is the person who executed this application; that the statements contained herein are true in every respect; and that he/she has not suppressed any information that might affect this application.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

Seal:

**IMPORTANT: DO NOT INCLUDE CONTINUING EDUCATION CERTIFICATES/DOCUMENTATION WITH THIS RENEWAL APPLICATION.**

**SEND THE COMPLETED APPLICATION FORM AND RENEWAL FEE OF \$300.00 TO: (Consider certified mail with a return receipt to confirm delivery of your renewal application to the ABEC office.)**

**Alabama Board of Examiners in Counseling  
950 22<sup>nd</sup> Street North, Suite 765  
Birmingham, AL 35203**

**Make check payable to: Alabama Board of Examiners in Counseling**

**IMPORTANT NOTICE: To comply with a directive from the Examiners of Public Accounts, all checks will be deposited upon receipt. Deposit of the renewal fee does not confirm renewal of your license.**

Renewal applications received in the ABEC office after July 31, 2017 that **are not** postmarked prior to August 1, 2017 will be returned to the licensee and the licensee will then be required to submit an application to renew a lapsed license. It is the responsibility of the LPC to ensure the postmark is legible.