

NORTH CAROLINA BOARD

of LICENSED CLINICAL MENTAL HEALTH

COUNSELORS

Renewal for Licensure Form

FAXES ARE NOT ACCEPTABLE

APPLICATION INSTRUCTIONS

- 1. **PRINT** or **TYPE** using **BLACK** Ink to complete this application. **ALL SECTIONS** that pertain to the license being renewed must be completed or the application will be returned.
- 2. A completed renewal application and all required supporting documentation are to be mailed in one packet.
- 3. Per NCBLCMHC General Statute 90-339, renewal fees and applications, along with all required supporting documentation, must be received in the Board's office on or before **JUNE 20th** of the renewal year.
- 4. **The fee for renewal is \$200** and shall accompany the application when mailed. The late fee of \$75 shall be included for renewals received after June 30, 2023.
- 5. Renewal fees are non-refundable.

| Board Use Only: | | | | |
|-------------------------------------|--|--|--|--|
| ☐ Jurisprudence Exam Certificate | | | | |
| ☐ Professional Disclosure Statement | | | | |
| ☐ Ethics Attestation | | | | |
| ☐ Renewal Fee | | | | |
| Approved by: | | | | |
| Review Date: | | | | |

| Please select the license you are renewing below: | □ LCMHC Associate # | CMHC | C# □ | LCMHC Supervisor # | | | |
|---|--------------------------|-----------------|-----------------|--|--|--|--|
| I. General Information - To be completed by all applica | ants. | | | | | | |
| Last Name | DOB:// mm / dd / yyyy | Date License | e Issued: | | | | |
| First M | Middle | License Expires | : June 30, 2023 | | | | |
| Mailing Address (Street or PO Box Number) | | NPI Number: | | STOP | | | |
| City, State, ZIP Code | | Home Phone: | | Please remember to include the following items with your renewal | | | |
| Personal Email: | | Mobile Phone: | | form: | | | |
| Business Name & Address (if different than above): | | Work Phone: | | Jurisprudence Exam Certificate (taken after January 1, 2023) Professional Disclosure Statement | | | |
| | | | | 3. Ethics Attestation Form 4. Renewal Fee | | | |
| Business Email: | | | | | | | |
| II. Licensure/Credentials - To be completed by all applicants. List all professional counseling licenses and credentials, which you now hold or have ever held in order of attainment. Use additional sheets, if necessary. | | | | | | | |
| Type(s) of License(s)/Certificate(s) Held | License/Certificate # | Issued Date | | Issued By | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | Hamo | or Apprount: (Magain | ou) | |
|--------------------------------|--|---|--|-------|
| III. CONTINUING E | EDUCATION ATTESTATION - To be completed by all lice | nsees. | | |
| | have completed the minimum hours of continuing educations of Title 21, Chapter 53 of the North Carolina Administrations. | | for the renewal of my licensure in accordanc | е |
| | act hours, including a minimum of three contact hours of eth | nics, within the two-y | vear license renewal period. | |
| | s, including a minimum of three contact hours of ethics, in the than two full years. | ne case of newly iss | ued licenses in which the initial renewal perio | od is |
| | HCs that provide clinical supervision: I attest that I have completed a minimum of 10 contact he knowledge and competency in the field of counseling superiors. | ours of continuing copervision. | ounselor education related to professional | |
| Late Renewals: ☐ Yes or ☐ N/A | I attest that I have completed an additional 20 hours of completed license. Continuing counselor education acquire expired license shall not applied to my next renewal periodicense. Failure to renew within that one year will require | ed during this addition od. I have one year | onal time period for the purpose of renewal of from the date my license expired to renew my | |
| each renewa | that the Board may conduct a random audit of a percentag Il cycle. If selected, I shall submit the requested information on may result in disciplinary action by the Board. | | | for |
| I do hereby a | ion Attestation Signature: attest that the information submitted is true, accurate, and commission, or concealment of material fact may subject me to | | | |
| Signature: | | License # | Date: | |
| | new their licenses by the expiration date of June 30 shall not practice at a license be reissued only upon a new application for a license, an | | | |
| | MINDER: Evidence of completion of continuing counselor education education provider, and shall include date(s) of attendance, number of | | | |

Name of Applicant: (Required)

This version supersedes all previous versions

name or number. Complete documentation requirements can be found in Rule .0603 of the Administrative Code. You must maintain such information for seven years following the course completion. **Documentation of continuing education is only required to be submitted if audited by the Board.** The Board will conduct a random audit of a percentage of its licensees' continuing counselor education documentation for the renewal cycle. Selected licensees will receive notification by mail and will be required to submit the requested information within 60 days of the notification. Failure to submit the required documentation shall result in disciplinary action by the Board.



NORTH CAROLINA BOARD

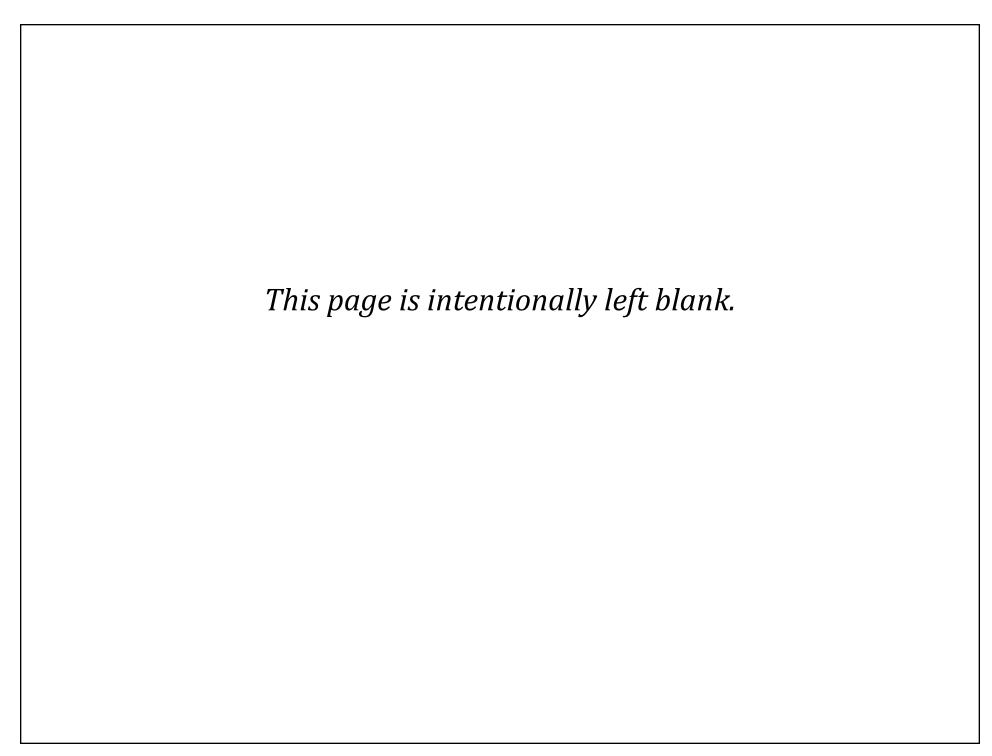
of LICENSED CLINICAL MENTAL HEALTH

COUNSELORS

License Renewal Payment Form

| | | KEF. #: |
|---|---|----------|
| Licanson Namo: | | BATCH #: |
| Licensee Name: | | DATE: |
| License Number: | Last 4 digits of SSN: | CHECK #: |
| · | r (payable to NCBLCMHC) in the amount of \$ 200.00 y credit card as listed below in the amount of \$200.00 | AMOUNT: |
| Li authorize Nebleivine to charge in | y credit card as listed below in the amount of \$200.00 | |
| Late Renewals (Renewals received af | ter June 30, 2023 <u>)</u> | |
| \square Enclosed is a check or money orde | r (payable to NCBLCMHC) in the amount of \$ 275.00 | |
| ☐ I authorize NCBLCMHC to charge n | ny credit card as listed below in the amount of 275.00 | |
| Card Type: □VISA [| ☐ MasterCard Billing Zip Code: | |
| Cardholder name as it appears o | n the card: | |
| | | |
| Credit Card #: | | |
| Card Security Code (from back of | f card): Exp. Date: | |
| If fee is being paid by someone | other than the Applicant: (yy) | |
| Billing Address: | | |
| - | | |
| | | |
| | | |
| Telephone: Day: | Evening: | |
| Signature of Cardholder: | | |

FOR OFFICE USE ONLY



<u>Contact Hours</u> - Forty contact hours of continuing education*, including a minimum of three contact hours of ethics, are required within the two-year license renewal period. However, in the cases of newly issued licenses in which the initial renewal periods are less than two full years, 30 contact hours, <u>including a minimum of three contact hours of ethics</u>, are required. Contact hours equal the number of actual clock hours spent in direct participation in a structured education format as a learner.

One Continuing Education Unit (CEU) = 10 contact hours

One Semester hour of credit = 15 contact hours

One Quarter hour of credit = 10 contact hours

- * LCMHCS renewals must provide additional documentation of a minimum of ten (10) contact hours of continuing education training related to professional knowledge and competency in the field of counseling supervision.
- * Ethics training must focus on ethical behavior and responsibility as related to the American Counseling Association's Code of Ethics or the Center for Credentialing and Education's Approved Clinical Supervisor (ACS) Code of Ethics.

Check to see if your Continuing Education is approved by visiting the following websites:

Websites for Approved Providers:

- 1. American Association of State Counseling Boards (AASCB) www.aascb.org
- 2. American Counseling Association (ACA) www.counseling.org
- 3. Commission on Rehabilitation Counselor Certification (CRCC) www.crccertification.com
- 4. National Board for Certified Counselors (NBCC) www.nbcc.org
- 5. American Association of Christian Counselors (AACC) www.aacc.net
- 6. American Association of Marriage & Family Therapy (AAMFT) www.aamft.org
- 7. American Psychological Association (APA) www.apa.org
- 8. Employee Assistance Certification Commission www.eapassn.org
- 9. International Association of Employee Assistance Professionals in Education www.iaeape.org
- 10. National Area Health Education Center Organization www.nationalahec.org
- 11. National Association for Pastoral Counseling and Psychotherapy www.napcp.ie
- 12. National Association of Social Workers (NASW) www.socialworkers.org
- 13. National Rehabilitation Association www.nationalrehab.org
- 14. The Association for Addiction Professionals (NAADAC) www.naadac.org

Content Areas:

- 1. Counseling theory
- 2. Human growth and development
- 3. Social and cultural foundations
- 4. Helping relationship
- 5. Group dynamics
- 6. Lifestyle and career development
- 7. Appraisal of individuals
- 8. Diagnosis and treatment planning
- 9. Research and evaluation
- 10. Professional counseling orientation
- 11. Ethics (minimum 3 hours per renewal period)

(The required Jurisprudence Exam offers five contact hours in ethics.) Ethics training must focus on ethical behavior and responsibility as related to the American Counseling Association (ACA) Code of Ethics or the Center for Credentialing and Education Approved Clinical Supervisor (ACS) Code of Ethics.

12. Counseling supervision (required for LCMHC Supervisors Only) Counseling supervision training must focus on professional knowledge and competency in the field of counseling supervision.

Mail completed application and required support documentation to:
NCBLCMHC ◆ PO Box 77819 ◆ Greensboro, NC 27417

Types of Activity

Choose the appropriate number below to identify the type of continuing education activity. Specific renewal guidelines, including types of continuing education are outlined in Rule .0603(e). Documentation guidelines and maximum contact hours allowed per activity are outlined in Rule .0603(e). Ethics component may only be fulfilled by #1 or #2 below.

- 1. A structured education activity for which the licensee was a learner.
- 2. Academic credit granted from a regionally accredited institution of higher education for work done in a counseling or counseling related subject.
- 3. **Publication activities** are limited to articles written by the licensee and published in peer reviewed journals, editing of a chapter in a book based on counseling or counseling related material, or authoring or co-authoring a published book on counseling or counseling related material (*maximum* reported contact hours within a renewal period = 10).
- 4. **Academic credit** granted from a regionally accredited institution of higher education for **work done toward the completion of a dissertation** (*maximum reported contact hours within a renewal period* = 10).
- 5. **Clinical supervision**, as defined by Rule .0208, which was received by the licensee during the renewal period (*maximum reported contact hours* within a renewal period = 10).
- 6. **Leadership positions:** Officer of state, regional, or national counseling organization; editor or editorial board member of a professional counseling journal; active member of a state, regional, or national counseling committee producing a substantial written product; chair of a major state, regional or national counseling conference or convention (*maximum reported contact hours within a renewal period = 10*).
- 7. Presentation activities or workshops for which the licensee was a presenter (maximum reported contact hours within a renewal period = 5).

Approved Providers

Choose the appropriate number below to identify the approved provider on the renewal CE page:

Continuing education training provided by one of the following national organizations, their affiliates or by a vendor approved by one of the following organizations shall be approved for an unlimited amount of contact hours:

- 1. American Association of State Counseling Boards
- 2. American Counseling Association
- 3. Commission on Rehabilitation Counselor Certification
- 4. National Board for Certified Counselors

Continuing education training provided by one of the following national organizations, their affiliate or by a vendor approved by one of the following organizations shall be approved for no more than **15** contact hours for any given renewal period (if a provider listed below is approved by one of the four providers listed above, then the number of contact hours are unlimited):

- 1. American Association of Christian Counselors
- 2. American Association of Marriage & Family Therapy
- 3. American Psychological Association
- 4. Employee Assistance Certification Commission
- 5. International Association of Employee Assistance Professionals in Education
- 6. National Area Health Education Center Organization
- 7. National Association of Pastoral Counseling and Psychotherapy
- 8. National Association of Social Workers
- 9. National Rehabilitation Association
- 10. The Association for Addiction Professionals