

NORTH CAROLINA BOARD

of LICENSED CLINICAL MENTAL HEALTH

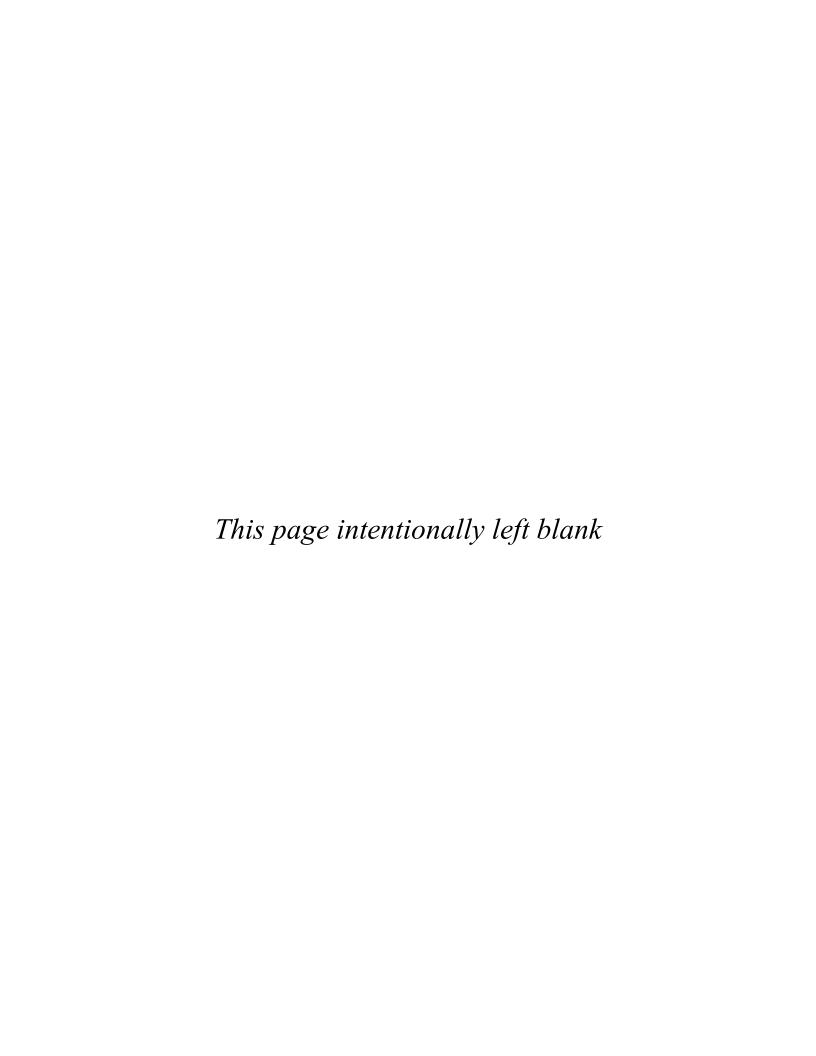
COUNSELORS

PHONE: 844-622-3572
FAX: 336-217-9450
WEB: ncblcmhc.org
EMAIL: LCMHCinfo@ncblcmhc.org

NCBLCMHC Payment Form

FOR OFFICE USE ONLY										
REF. #:										
BATCH #:										
DATE:										
CHECK #:										
AMOUNT:										

		AMOUNT:												
Name of Applicant/Licensee:														
Telephone: Day: Eve	ening:													
Alternate Address for mailing (if requesting information	be sent to other agence	cies or boards):												
1.	2.													
Please check what you wish to pay for:														
Licensing Fees: LCMHC Associate LCMHC	C LCMHC Sup	pervisor												
\Box Application	\$200.00													
☐ License Renewal	\$200.00													
☐ Late License Renewal	\$275.00													
☐ Fingerprint Fee	\$38.00													
Professional Corporation Fees:														
☐ Professional Corporation Application	\$50.00													
☐ Professional Corporation Renewal	\$25.00													
☐ Late Professional Corporation Renewal	\$35.00													
Name of PC:	PC#													
Miscellaneous:														
☐ Copy of Licensure File	\$50.00 x	= \$												
☐ Duplicate License	\$15.00 x	= \$												
☐ Mailing List (Educational Purposes Only)) \$10.00 x													
☐ Summation of Supervised Professional Pr	ractice \$25.00 x	_ = \$												
☐ Verification of Licensure	\$ 5.00 x	= \$												





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NCBLCMHC Payment Form (continued)

☐ Enclosed is a	chec	k or	mon	ey or	der	(pag	yabl	e to	NC.	BLC	МН	C) i	n the	e am	oun	t of S	S].[
☐ I authorize N					_						sted	belo	ow ii	n the	e am	ount	of\$		_].				
Cardholder nan	ne as	it ap	pea	rs on	the	e cai	rd:																
Credit Card #:																					_		
Card Security Code (from back of card): Exp. Date:											/		(yy)										
If payment for Billing Address						-	_																
Telephone: Day	Telephone: Day: Evening:																						
Signature of Ca	ardho	older	:																		-		

If paying by check, please make check payable to NCBLCMHC. Mail completed form and payment to NCBLCMHC, PO Box 77819, Greensboro, NC 27417. If paying via credit card, the form can be faxed to 336.217.9450.