

**MISSISSIPPI STATE BOARD OF EXAMINERS FOR
LICENSED PROFESSIONAL COUNSELORS**

VERIFICATION OF LICENSURE IN OTHER JURISDICTION

DIRECTIONS TO APPLICANT: Complete Part I and forward to the state where you hold a license to practice Professional Counseling.

PART I-TO BE COMPLETED BY THE APPLICANT

Name of Applicant	Date of Birth	State Verifying license	License No.	Date issued
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I was granted a license as a Licensed Professional Counselor. You are hereby authorized to release any information in your files, favorable or otherwise, directly to this state's Professional Counselor Board.

Your early attention is appreciated. _____
Signature Date

PART II-TO BE COMPLETED BY THE STATE BOARD VERIFYING LICENSURE (Please complete this form and return it to the address indicated below. Attach copies of any verification of supervision or supervised experience toward LPC licensure.)

Name of Licensee	Licensure Level	License No.	Date Issued
<p>Hours of supervision and direct supervised clinical experience required for licensure held:</p> <p>Supervision dates: From _____ to _____</p> <p>Total hours of practice: _____ Number of hours of direct clinical services: _____</p> <p>Number of Individual Supervision Hours: _____ Number of Group Supervision Hours: _____</p> <p>Other requirements:</p> <p>_____</p> <p>_____</p>			
Exam Taken ____ NCE ____ NCMHCE ____ Other: _____	Date Exam Passed	Exam Score	
License Current? ____ Yes ____ No	Expiration Date _____	Complaints and/or Disciplinary Action ____ Yes ____ No	

*Explain Complaints or Disciplinary Actions:

Board Seal

I certify that the information provided on this form is true and correct to the best of my knowledge.

Print Name of person completing this form. _____ Date _____

Signature _____ Title _____ Telephone # _____

State Board/Agency Name _____

Send To:
Mississippi State Board of Examiners for Licensed Professional Counselors
239 N. Lamar Street • Suite 402
Jackson, MS 39201
601-359-1010 OR info@lpc.ms.gov