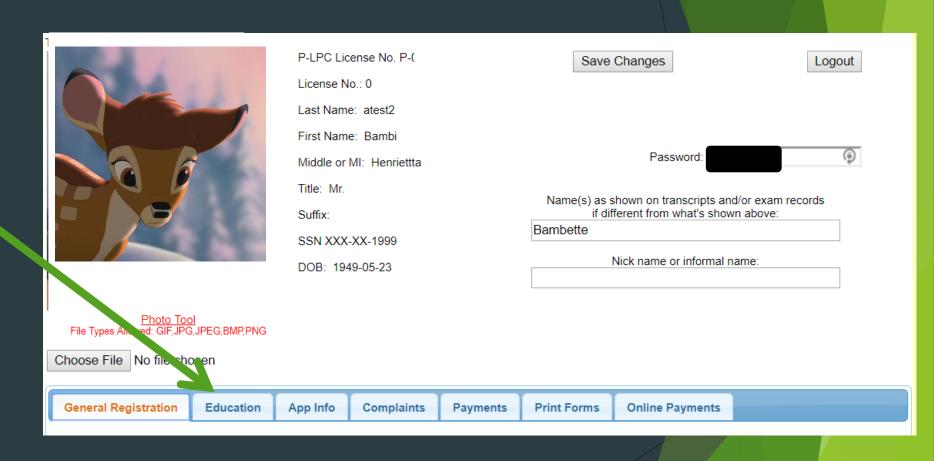


Mississippi State Board of Examiners for Licensed Professional Counselors

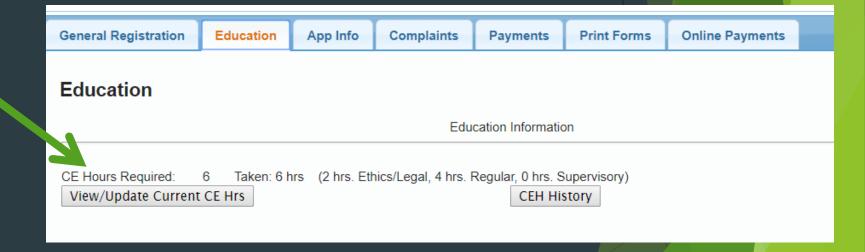
Enter your CEHs

6 hours are required which must include 2 in ethics



Add your CEHs

6 hours are required which must include 2 in ethics



Enter information for each class/seminar/etc.

inter aditional Course ate of Course	Title of CE Activity	Name of Sponsor(s)	Contact Hours	? Credit Type	Provider & Number
		<u>*</u>		Regular	Provider:
				Ethics/Legal	#:
las this course more	than one day?			Supervision	
elect Activity Type:			v 🔐		
Ipload Cert. Choose	e File No file chosen	Maxium file size is 1	Mb.		
		AS Department of Archives Rec	15 4 4	Calcadula #E044	

Then select ADD

When you have completed submitting your CEH information

MISSISSIPPI BOARD OF EXAMINERS FOR LICENSED PROFESSIONAL COUNSELORS Continuing Education Hours (CEH) Reporting Form

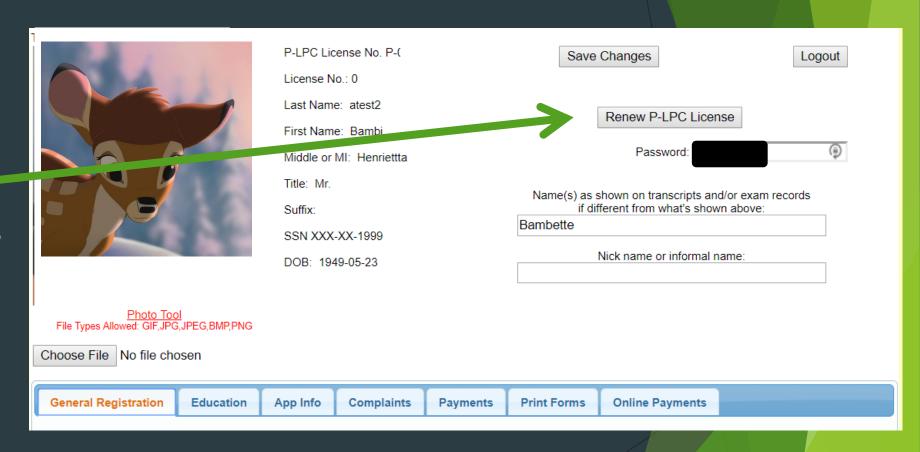
Notice:

CEH are checked by random audit. You will be required to provide your course certificates to the Licensed Professional Counselors Board if you are selected by this audit.

Activities taken between 10/1/2017 and 9/29/2019 Date Title of CE Activity Name of pc Isor(s) Contact Hours Credit Type Rounder & Number 2019-08-06 Choosing Wisely Tumper International 1 Regular ACA 23456 Remove Activity: Seminars, Workshops or Conferences No Certificate Uploaded Update Certificate 2019-08-06 Manic Hunter Wildlife Refuge 3 Regular aca 444 Remove Activity: Seminars, Workshops or Conferences No Certificate Uploaded Update Certificate 2019-08-06 Multi-Date: No Certificate Uploaded Update Certificate 2019-08-06 When to Run Legal Zoom 2 Ethics/Legal ccs Remove Activity: Collega or University Courses No Certificate Uploaded Update Certificate Total Hours 6 Ethics/Legal Hours 2 Supervision Hours 0	Enter Your CEH	l for current renewal d	late: 2019-09-30 Retui	rn to Profile			
Date little of CE Activity Name of Spc Isor(s) Hours Credit Type & Number 2019-08-06 Choosing Wisely Tumper International 1 Regular ACA 23456 Remove Activity: Seminars, Workshops or Conferences No Certificate Uploaded Update Certificate 2019-08-06 Manic Hunter Wildlife Refuge 3 Regular aca 444 Remove Activity: Seminars, Workshops or Conferences No Certificate Uploaded Update Certificate 2019-08-06 When to Run Legal Zoom 2 Ethics/Legal ccs Remove Activity: Collegal or University Courses No Certificate Uploaded Update Certificate Total Hours 6 Ethics/Legal Hours 2 Supervision Hours 0	Activities taken be	tween 10/1/2017 and 9/29/2019					
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Multi-Date: Manic Hunter Wildlife Refuge 3 Regular aca 444 Remove Activity: Seminars, Workshops of Conferences No Certificate Uploaded Update Certificate 2019-08-06 When to Run Legal Zoom 2 Ethics/Legal ccs Remove Activity: College of University Courses No Certificate Uploaded Update Certificate Total Hours 6 Ethics/Legal Hours 2 Supervision Hours 0	Activity: Seminar	s, Workshops or Conferences	No Certificate Uploaded <u>Up</u>	date Certificate			
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Ethics/Legal Hours 2 Supervision Hours 0			Total Hours	6			
Supervision Hours 0				2			
	A salivita de la como suc			0			

Then return to your profile

Once your CEHs are submitted, this option will appear.



Verify your information

If you have changes, you can make changes on the General Registration page of your profile. P-LPC LICENSE RENEWAL Return to Profile

If any of your information below is not current click the Return to Profile button and make the updates.

Then restart the renewal process.

Mississippi State Board of Examiners For Licensed Professional Counselors www.lpc.ms.gov

2019 P-LPC RENEWAL APPLICATION

Renewal Fee: \$50.00

1. Name:	Bambi	Henriettta	atest2	
	First	Middle	Last	
Has your na	ame changed since la		No Yes	
	,, picase II	iail legal docume ation and	your original wall certification	ate to the board. Rule 6.3.(C))
Namo f	or your undated licen	se: (If you would like a new wall ce	ortificato, places eslect \$20 with	a online license renewal)
Name i	or your apaated licens	se. (II you would like a flew wall co	runcate, please select \$50 with	Tonine license renewal.)
	[E		
	First	Middle	Last	
		Verify the prepon	ulated information below.	
	If any of it is not co			d restart the renewal process.
2. Home Add	ress: 1217 Pineview I	Orive, Clinton, MS 39056		
R Work Nam	e & Address: Woodva	la Industrias		
o. WOLK Maili		Gordon Avenue, Clinton, MS	39564	
4. Address to	mail all corresponde	nce: home		
o. Address to	p <u>ublish</u> on Board we	ebsite: business		
Email: info	@lpc.ms.gov F	ublish email address on the	Board woheito? No	
. Lilian. Illio	@ipc.iiis.gov i	ublish eman address on the	Doard Website: No	
7. Release pu	ublished address and	email to State and National of	ounseling related organiz	rations? (e.g. ACA, AMHCA, NBCC, MCA, and
	Yes No			
•				
3. Home Tele	phone: (205) 555-888	B Work Telepho	one: (205) 887-4770	Cell Phone: (205) 887-4770
P.P. LPC Lice	ense Number: P-0283	10. Issue Date: 2019	9-06-07	
ALL OF T	IE EOL LOWING E	EDCONAL AND LICENS	NUDE LIIETODY OUE	TIONS MUST BE ANSWEDED
ALL OF IT	TE FULLOWING P	EKSONAL AND LICENS	OURE HIS TURT QUES	STIONS MUST BE ANSWERED.

Complete the Personal and History Questions (items 11 - 22)

Answer each item truthfully

ALL OF THE FOLLOWING PERSONAL AND LICENSURE HISTORY QUESTIONS MUST BE ANSWERED. If you answer "Yes" to ANY of the following questions, explain in full in the box below the question. You must make a statement that includes, but is not limited to, the date(s) location(s), specific circumstances, practitioners and/or treatment involved, and must be substantiated by official documents sent directly to the board office from the respective state licensing board or official copies of court records. A "yes" answer is NOT an automatic cause for denial of renewal. The failure to accurately disclose information will result in immediate denial of licensure. Should your answer to any of the following questions change prior to your next renewal, it is your ethical duty to report that change to the LPC Board. Yes No 11. Do you currently have a medical condition which in any way impairs or limits your ability to practice professional counseling with reasonable skill and safety? a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If Yes to 11. explain: Yes No 12. Do you currently use chemical substances? a. If yes, do they in any way impair or limit your ability to practice professional counseling with reasonable skill and safety?

Complete the Personal and History Questions (items 11 - 22)

Read paragraph Check box

Click Save and Continue

O Yes	○ No	22. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibiti or voyeurism? If Yes explain:	ଥ ionisr ⊐
			4

Statement of Understanding:

■ By checking this box I, do hereby apply for licensure renewal by the Licensed Professional Counselors Board of Examiners. I understand that renewal is contingent upon satisfactory completion of all requirements. I affirm under penalty of perjury that all statements made and information contained in this Renewal Application are true and correct to the best of my knowledge and belief. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of the license to practice as a P-LPC in the State of Mississippi and forfeiture of the renewal fee(s). I certify that I have completed a minimum of 6 Continuing Education Hours including 2 hours in professional ethics or legal issues in the delivery of counseling services as defined in Mississippi Administrative Code §73-30-29.



Save and Continue

Online Payment

Payment from Bambi Henriettta atest2

Receipt Number: OL-15608

Check the license renewal fee and then any other items that you would like to order.

Payment includes:	Amount
\$ 50 - P-LPC Licensee renewal amount through 2020-06-30	\$50.00
Other: \$ 1 Desc:	\$0.00
Total	\$50.00

Previous Reservation Next

If your fees will be paid by a third party or you want to mail in a check or money order click the Pay By Check or Money Order button below.

Your renewal will not be processed until your payment is received. Payment must be received by June 30 or license will be lapsed.

Pay By Check or Money Order



At this time you will be taken to the State of Mississippi's Online Payment System to complete your license request.

Please click the button below to make your payment of \$50.00.

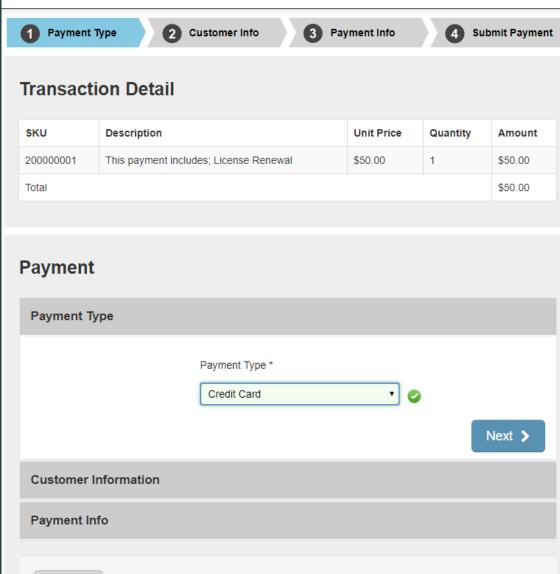
A convenience fee will also be added to the online payment. You will see the amount of this fee before you complete the payment.

Back

Continue with Payment

Complete the payment process





Transaction Summary

This payment includes; License Renewal

ms.gov Order Total @ \$52.12



Need Help?

Select Payment Method and Continue to proceed with payment. You will receive a printable receipt at the end of your successful payment transaction.