MISSISSIPPI STATE BOARD OF EXAMINERS FOR
LICENSED PROFESSIONAL
COUNSELORS

Navigating the P-LPC Application Process

Click Here

MISSISSIPPI STATE BOARD OF EXAMINERS FOR
LICENSED PROFESSIONAL COUNSELORS

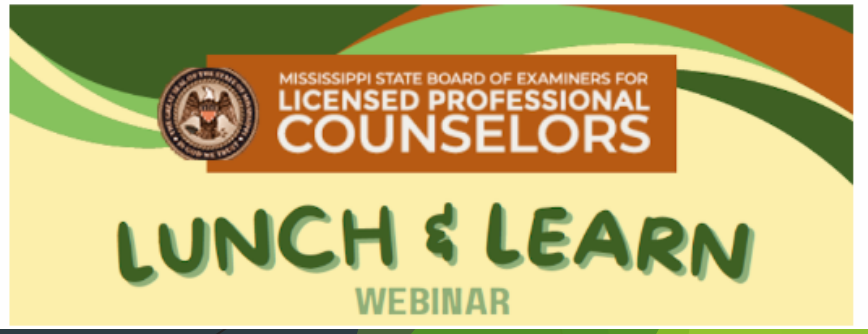
What can we help you find?

Search ...

Apply for a License | Verify License | I Am A... | Statutes and Rules | Co

Welcome

Any individual offering counseling services in the state of Mississippi must be licensed with few exceptions. It is the responsibility of this Board to regulate the practice of counseling and the use of the title Professional Counselor as we seek to



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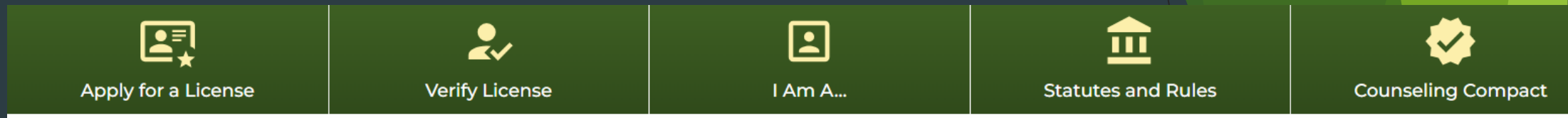
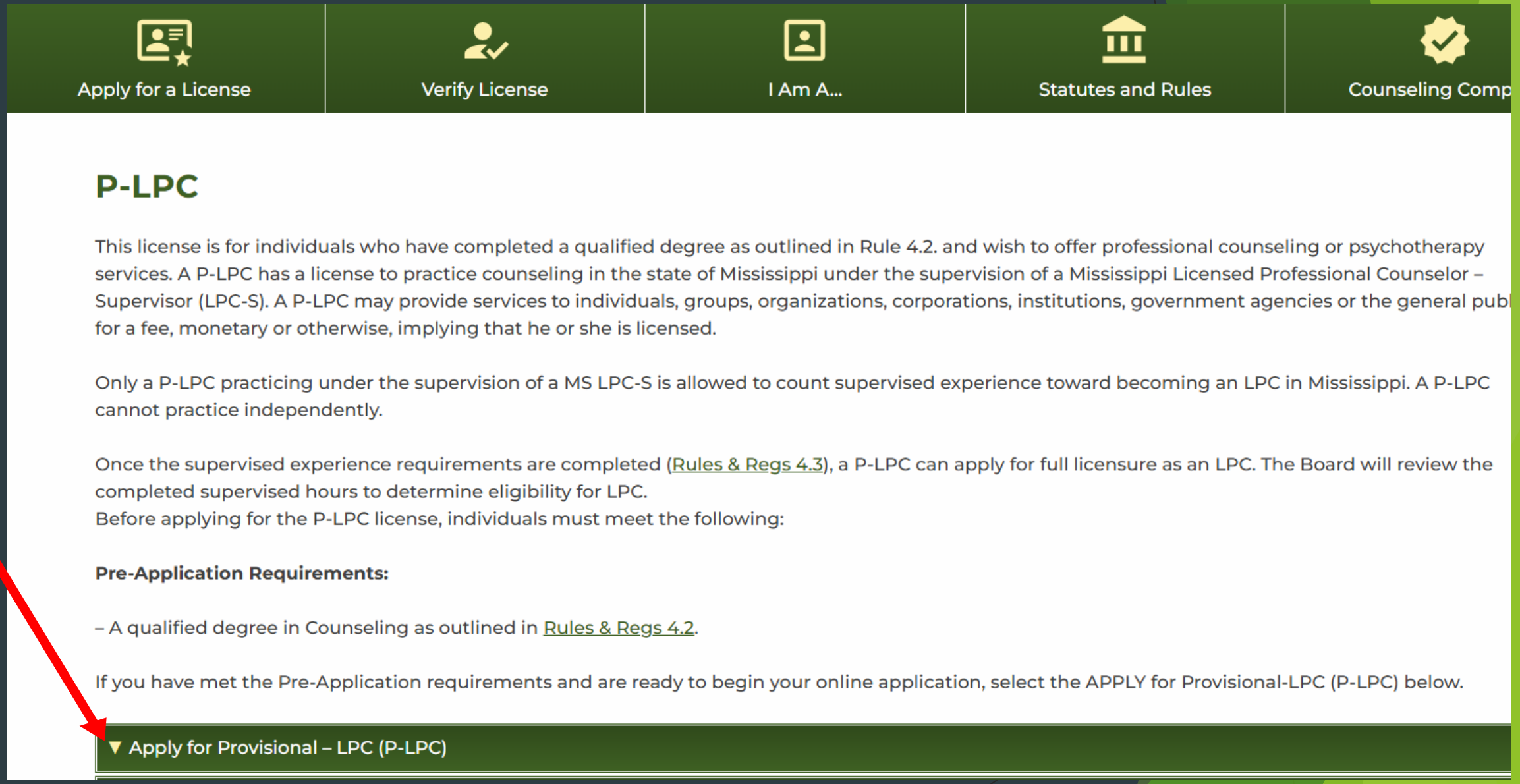


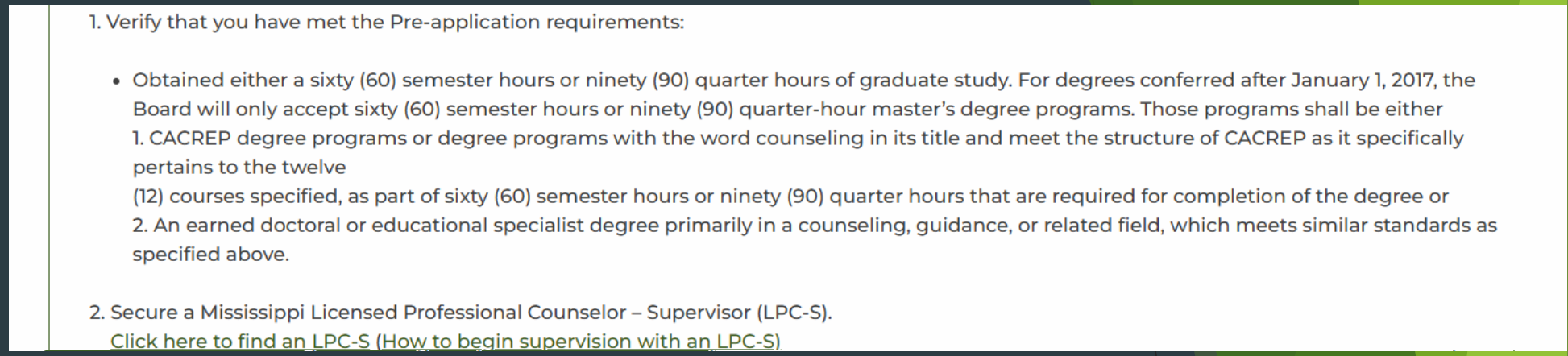
Apply for a License

Mississippi offers several paths to counselor licensure and supervisor certification depending on the applicant's educational, examination and professional experience. Individuals seeking licensure must meet pre-application requirements **BEFORE** applying for one of these types of license or certification.

- **Provisional Licensed Professional Counselor (P-LPC)** has met pre-application requirements and is approved by the Board to offer professional counseling or psychotherapy services while under the supervision of a Licensed Professional Counselor-Supervisor (LPC-S).
- **Licensed Professional Counselor (LPC)** has met pre-application requirements and is approved to practice independent counseling without supervision.
- **Licensed Professional Counselor by Universal** currently holds a LPC license in another state, with a similar scope of practice and at the same practice level, with at least one (1) year of professional work experience as a counselor since the date of initial licensure, that licensure was maintained continuously during that year and that no substantiated complaints or disciplinary action(s) have ever been taken against the licensee.
- **Licensed Professional Counselor by Comity** has met the pre-application requirements, has a current license as a Licensed Professional Counselor or its equivalent independent counseling license from another state and has practiced independent counseling for at least the past five years without supervision.
- **Licensed Professional Counselor – Supervisor (LPC-S)** has been practicing mental health counseling for at least five years, has consecutively held a Mississippi LPC license in good standing for at least two of the five years, and has completed the supervisory education requirements to be certified by the Board to supervise.

Click Here


Apply for a License
Verify License
I Am A...
Statutes and Rules
Counseling Comp
P-LPC
This license is for individuals who have completed a qualified degree as outlined in Rule 4.2. and wish to offer professional counseling or psychotherapy services. A P-LPC has a license to practice counseling in the state of Mississippi under the supervision of a Mississippi Licensed Professional Counselor – Supervisor (LPC-S). A P-LPC may provide services to individuals, groups, organizations, corporations, institutions, government agencies or the general publ for a fee, monetary or otherwise, implying that he or she is licensed.
Only a P-LPC practicing under the supervision of a MS LPC-S is allowed to count supervised experience toward becoming an LPC in Mississippi. A P-LPC cannot practice independently.
Once the supervised experience requirements are completed (Rules & Regs 4.3), a P-LPC can apply for full licensure as an LPC. The Board will review the completed supervised hours to determine eligibility for LPC.
Before applying for the P-LPC license, individuals must meet the following:
Pre-Application Requirements:
– A qualified degree in Counseling as outlined in Rules & Regs 4.2.
If you have met the Pre-Application requirements and are ready to begin your online application, select the APPLY for Provisional-LPC (P-LPC) below.
▼ Apply for Provisional – LPC (P-LPC)



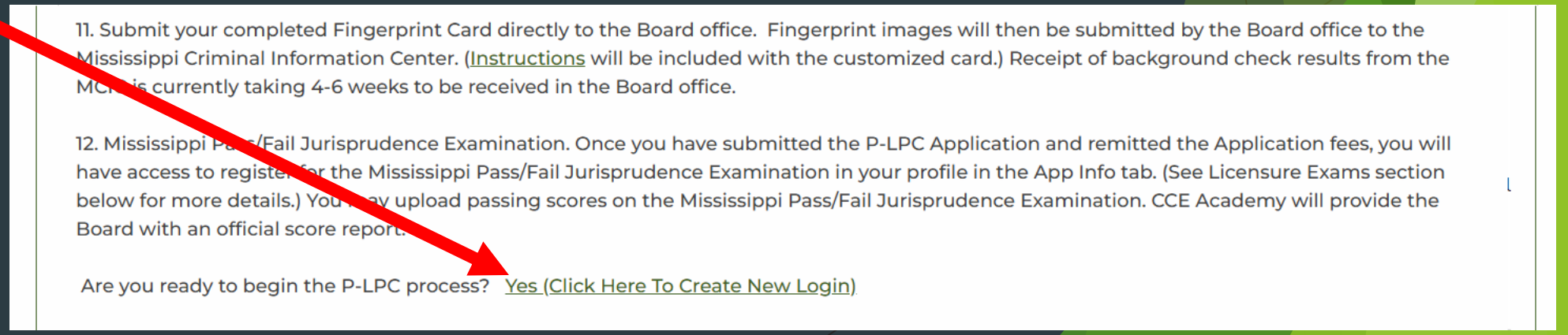
1. Verify that you have met the Pre-application requirements:

- Obtained either a sixty (60) semester hours or ninety (90) quarter hours of graduate study. For degrees conferred after January 1, 2017, the Board will only accept sixty (60) semester hours or ninety (90) quarter-hour master's degree programs. Those programs shall be either
  1. CACREP degree programs or degree programs with the word counseling in its title and meet the structure of CACREP as it specifically pertains to the twelve
  (12) courses specified, as part of sixty (60) semester hours or ninety (90) quarter hours that are required for completion of the degree or
  2. An earned doctoral or educational specialist degree primarily in a counseling, guidance, or related field, which meets similar standards as specified above.

2. Secure a Mississippi Licensed Professional Counselor – Supervisor (LPC-S).
Click here to find an LPC-S (How to begin supervision with an LPC-S)

ALL information needed to apply for a P-LPC is listed On this page…read it carefully….then

Click Here



11. Submit your completed Fingerprint Card directly to the Board office. Fingerprint images will then be submitted by the Board office to the Mississippi Criminal Information Center. (Instructions will be included with the customized card.) Receipt of background check results from the MCIC is currently taking 4-6 weeks to be received in the Board office.

12. Mississippi Pass/Fail Jurisprudence Examination. Once you have submitted the P-LPC Application and remitted the Application fees, you will have access to register for the Mississippi Pass/Fail Jurisprudence Examination in your profile in the App Info tab. (See Licensure Exams section below for more details.) You may upload passing scores on the Mississippi Pass/Fail Jurisprudence Examination. CCE Academy will provide the Board with an official score report.

Are you ready to begin the P-LPC process? Yes (Click Here To Create New Login)

Answer

And

Submit

MISSISSIPPI STATE BOARD OF EXAMINERS FOR LICENSED PROFESSIONAL COUNSELORS

oday is: Friday, October 10, 2025

P-LP C Application

Have you received a qualifying degree*? ○ Yes ○ No

Are you currently enrolled in a qualifying degree* program? ○ Yes ○ No

* 60 semester-hours or 90 quarter [illegible] CACREP master's degree in Counseling or degree program with the word counseling in the title OR doctoral or educational specialist degre primarily in a counseling, guidance, or related [illegible] which meets similar standards as specified in 4.2.C Rules and Regs (including completion of a three (3) hour semester course o [illegible] equivalent in each of the twelve content areas for all)

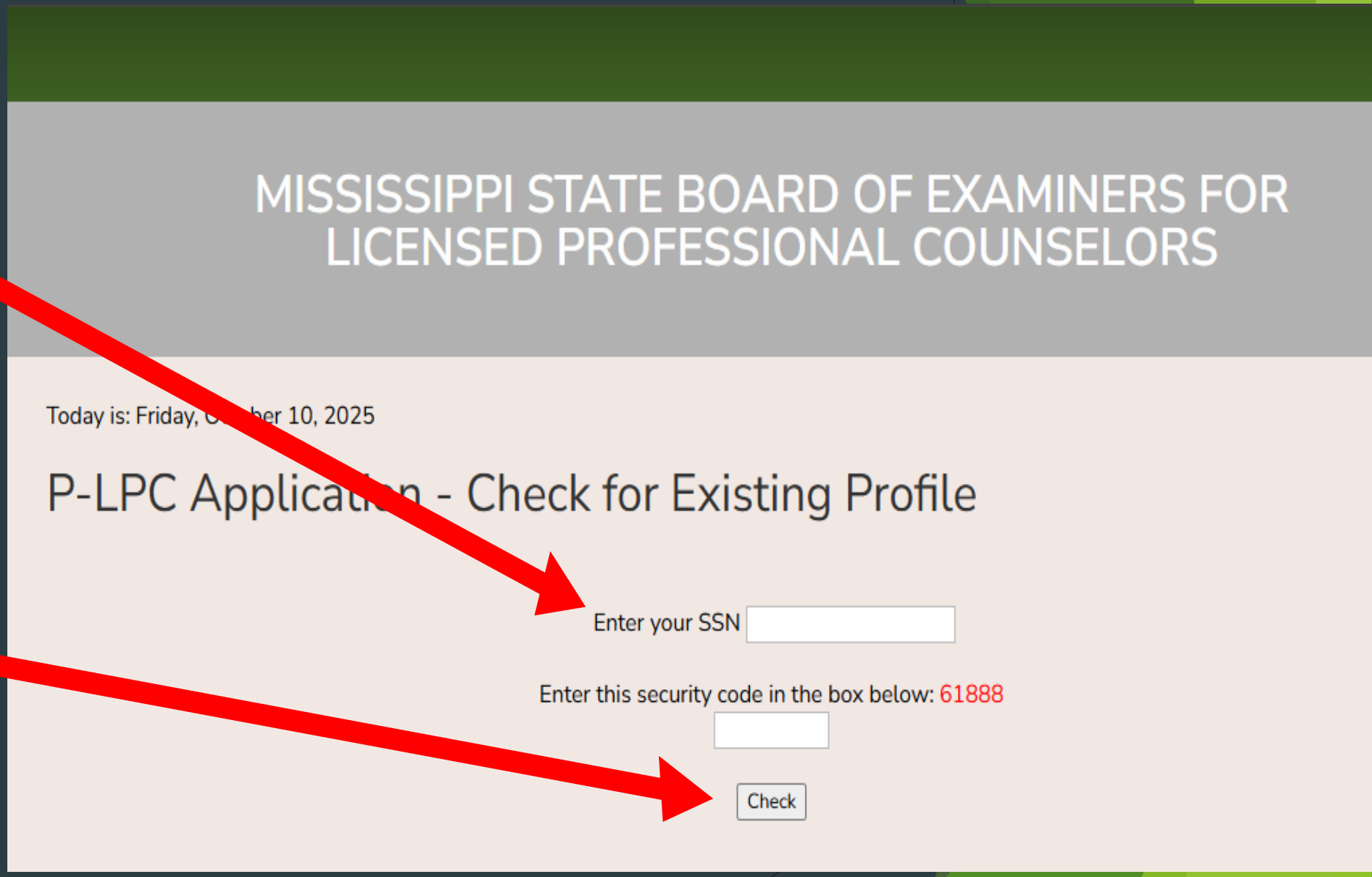
Submit

By entering data into this web site your are agreeing to abide by the operating rules of the Mississippi State Board of Examiners for Licensed Professional Counselors and certifying that all information is accurate and correct to the best of your knowledge and belief.

Answer

And

Click Check



P-LPC Application

MISSISSIPPI STATE BOARD OF EXAMINERS FOR LICENSED PROFESSIONAL COUNSELORS
239 North Lamar Street • Suite 402 • Jackson, MS 39201
www.lpc.ms.gov

Cancel Agreement Request

APPLY FOR PROVISIONAL LICENSURE

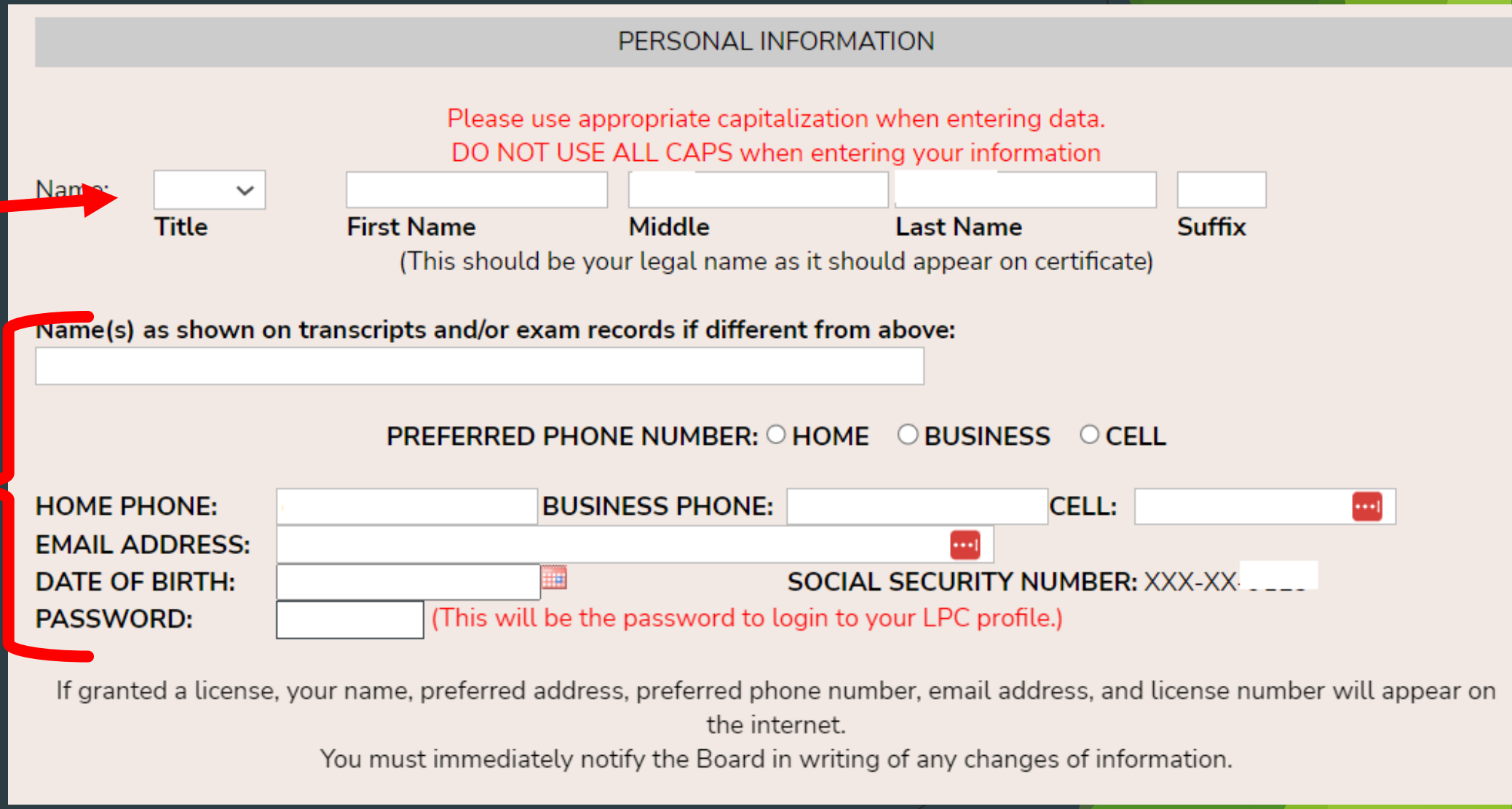
PLEASE READ BEFORE PROCEEDING WITH P-LPC APPLICATION.. This license is for individuals who have completed a qualified degree as outlined in Rules & Regs 4.2. and wish to offer professional counseling or psychotherapy services. A P-LPC has a license to practice counseling in the state of Mississippi under the supervision of a Mississippi Licensed Professional Counselor ◆ Supervisor (LPC-S). A P-LPC may provide services to individuals, groups, organizations, corporations, institutions, government agencies or the general public for a fee, monetary or otherwise, implying that he or she is licensed.

Only a P-LPC practicing under the supervision of a MS LPC-S is allowed to count supervised experience toward becoming an LPC in Mississippi. A P-LPC cannot practice independently.

Before applying for the P-LPC license, you will need to secure a Mississippi Licensed Professional Counselor ◆ Supervisor (LPC-S). Click here

Make sure to read this initial information
… Scroll down to the next section.

Complete all Questions



Scroll Down

Complete all Questions

PREFERRED ADDRESS: ○ HOME ○ BUSINESS

BOARD CORRESPONDENCE SHOULD BE SENT TO: ○ HOME ○ BUSINESS

HOME ADDRESS:	239 North Lamar Street	Jackson	Mississippi	39201
	Street (**P.O. Box not acceptable)	City	State	Zip code
BUSINESS ADDRESS:	239 North Lamar Street	Jackson	Mississippi	39201
	Street	City	state	Zip code

HINDS

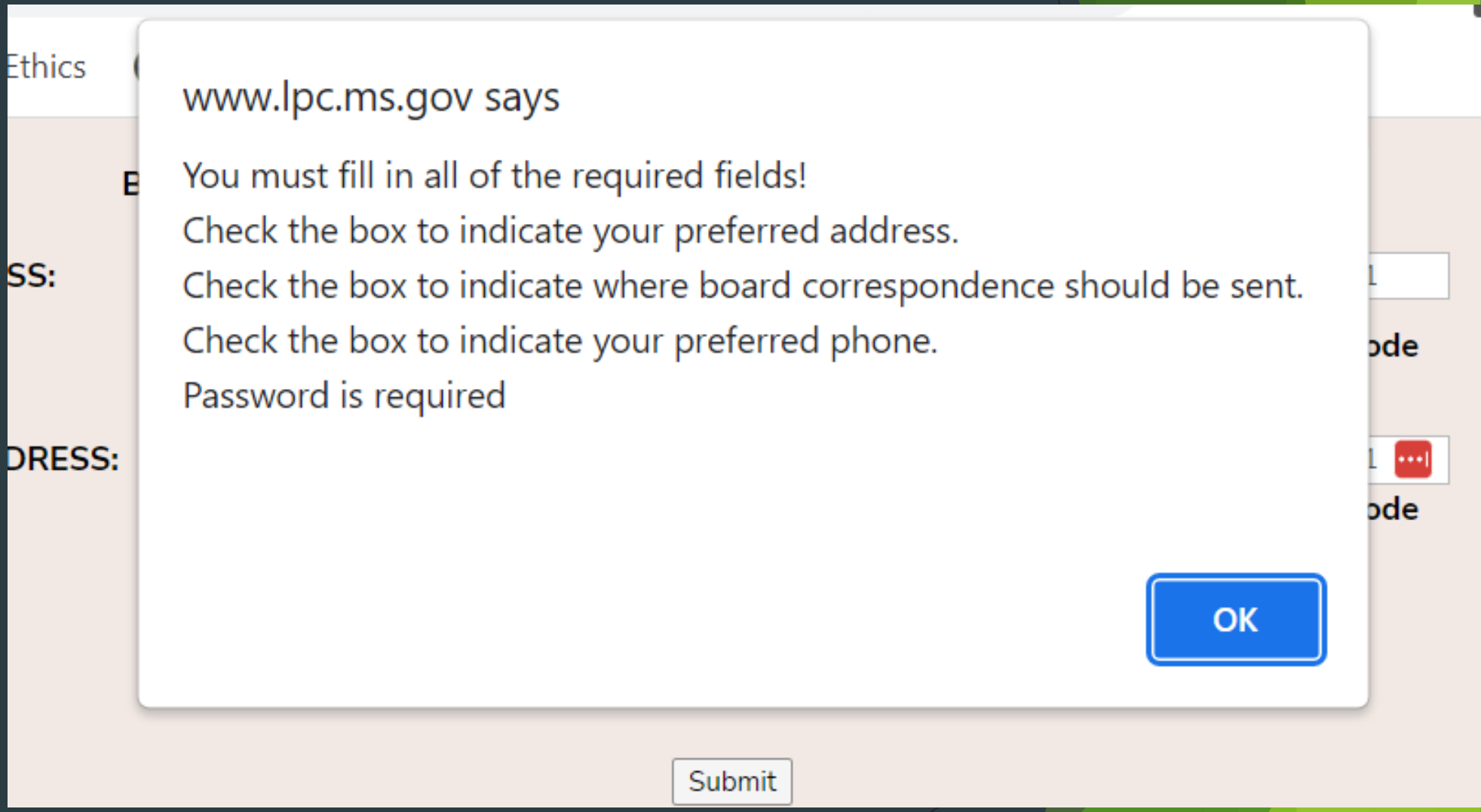
County

Submit

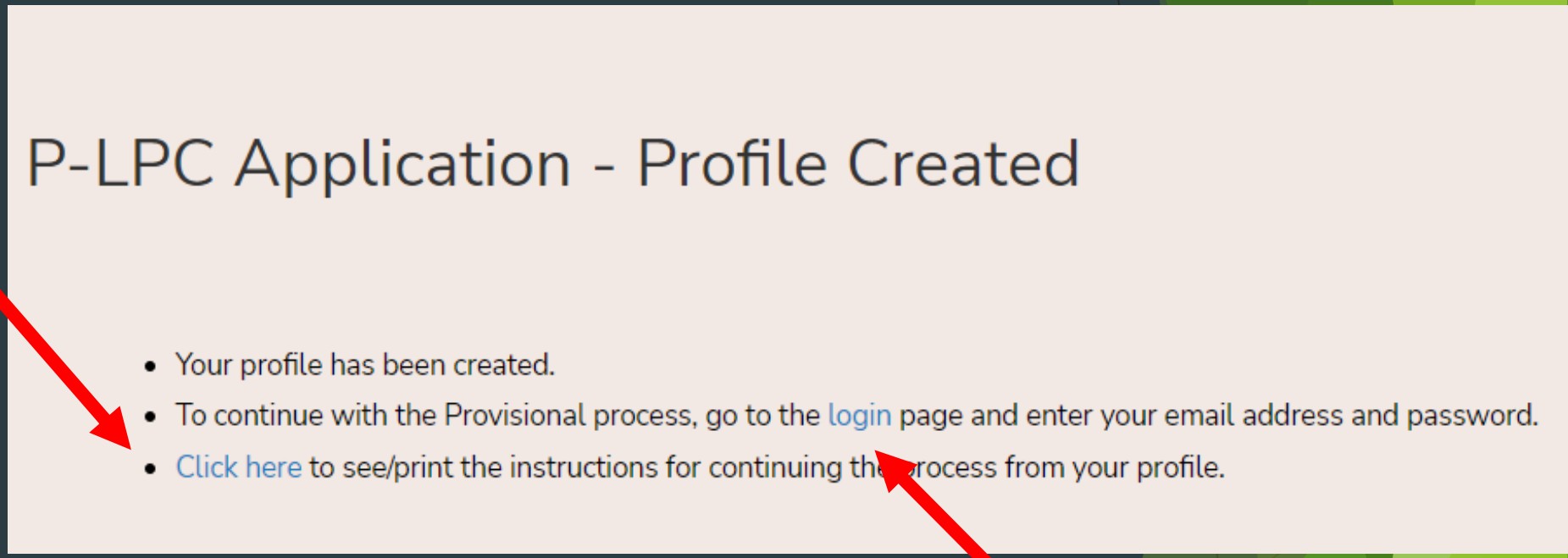
Submit

Missing Information?

You will get this message.



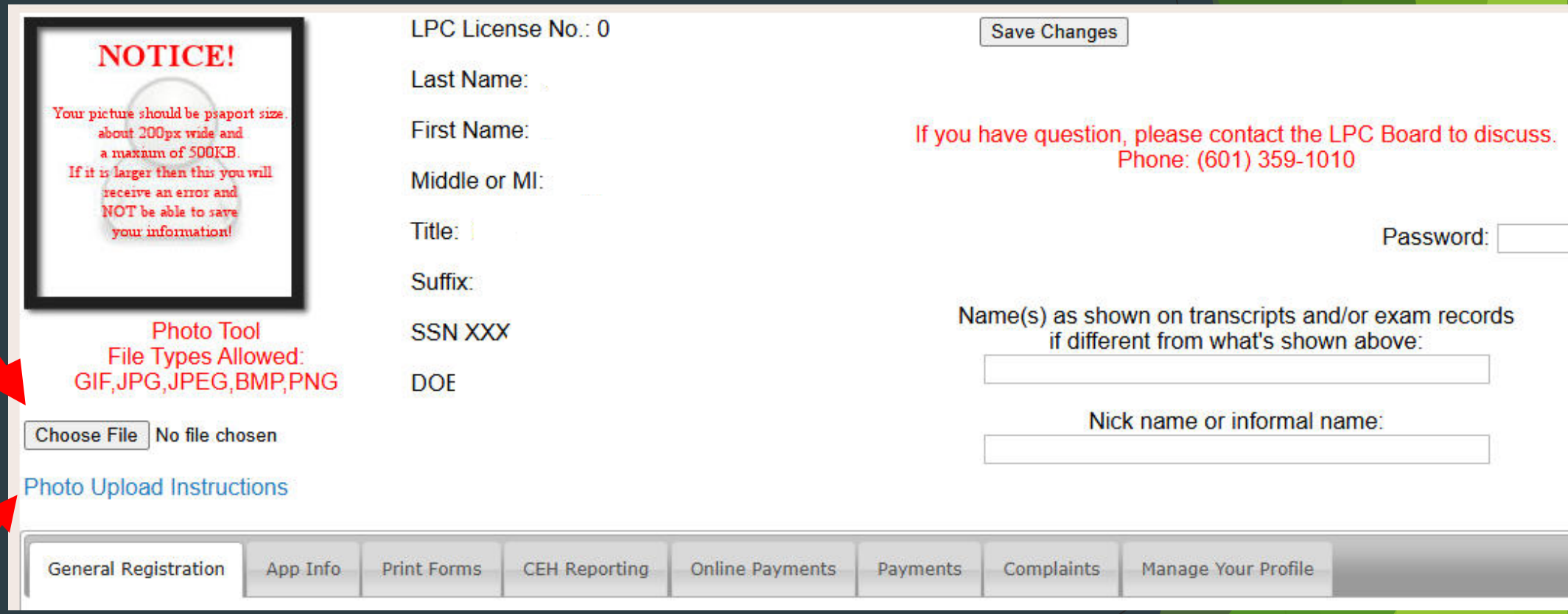
Want a printed copy of the instructions??



Ready to complete the application?

Log into your account

Upload Picture

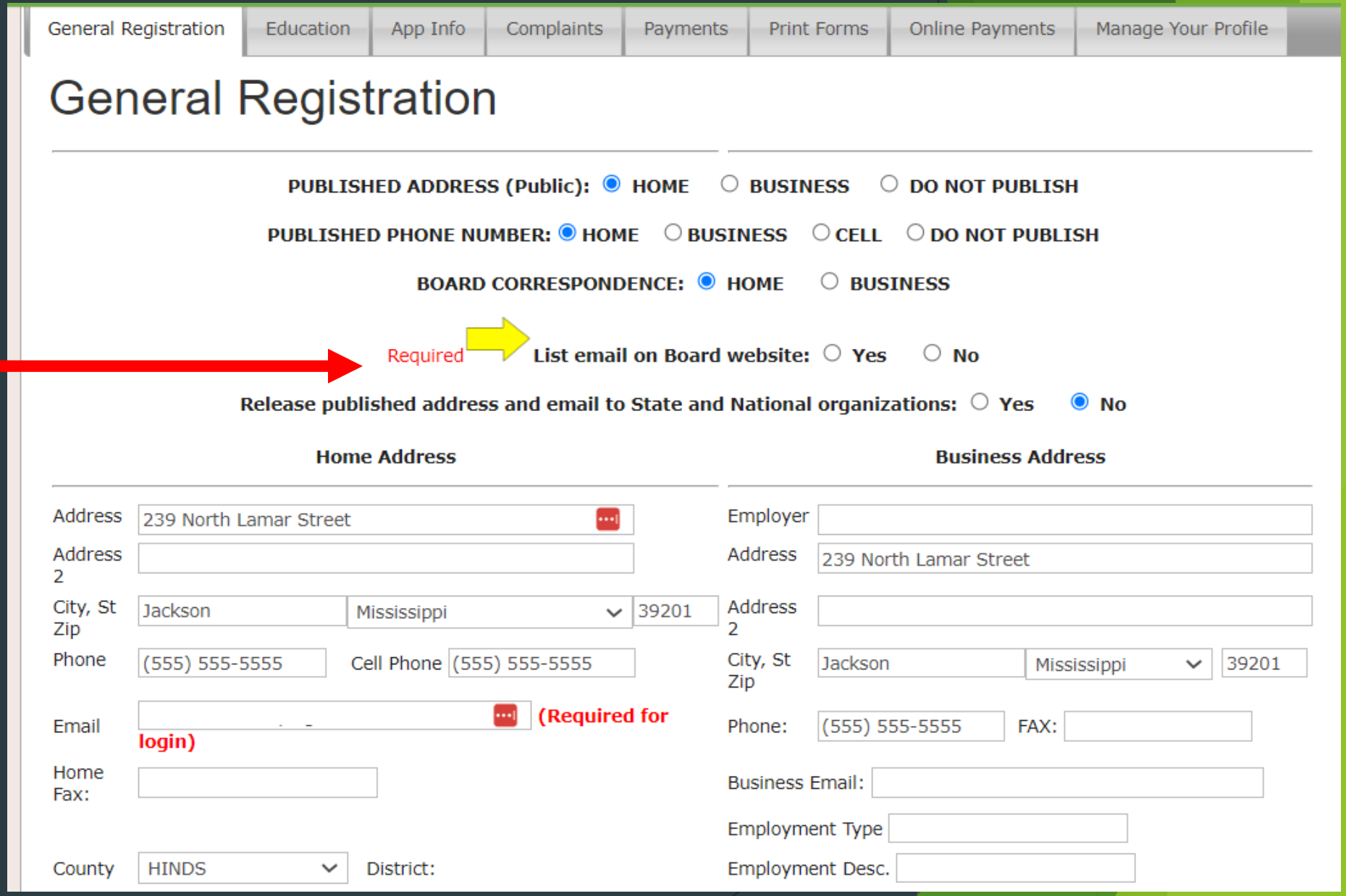


Need help?

Verify information

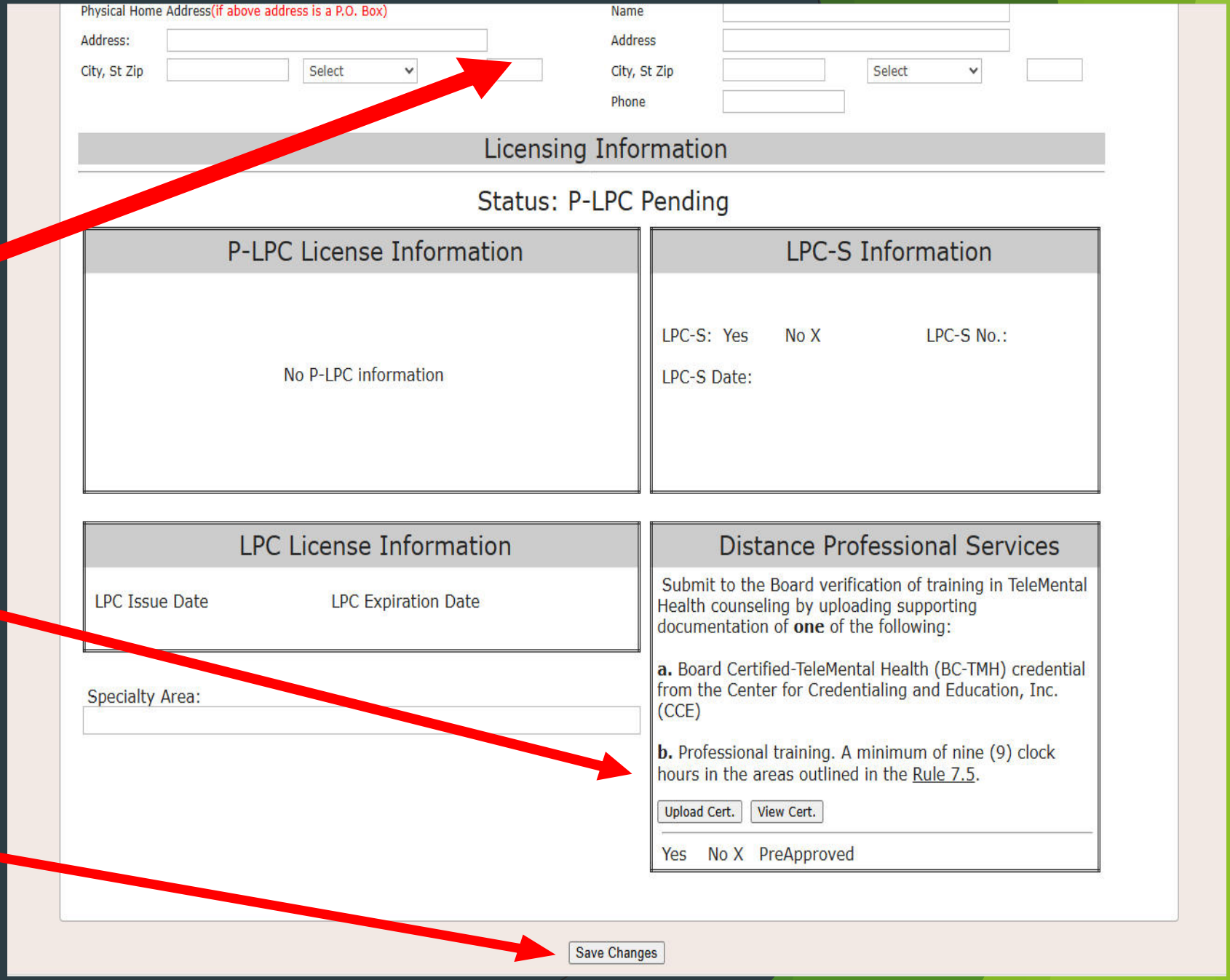
Make sure to Answer

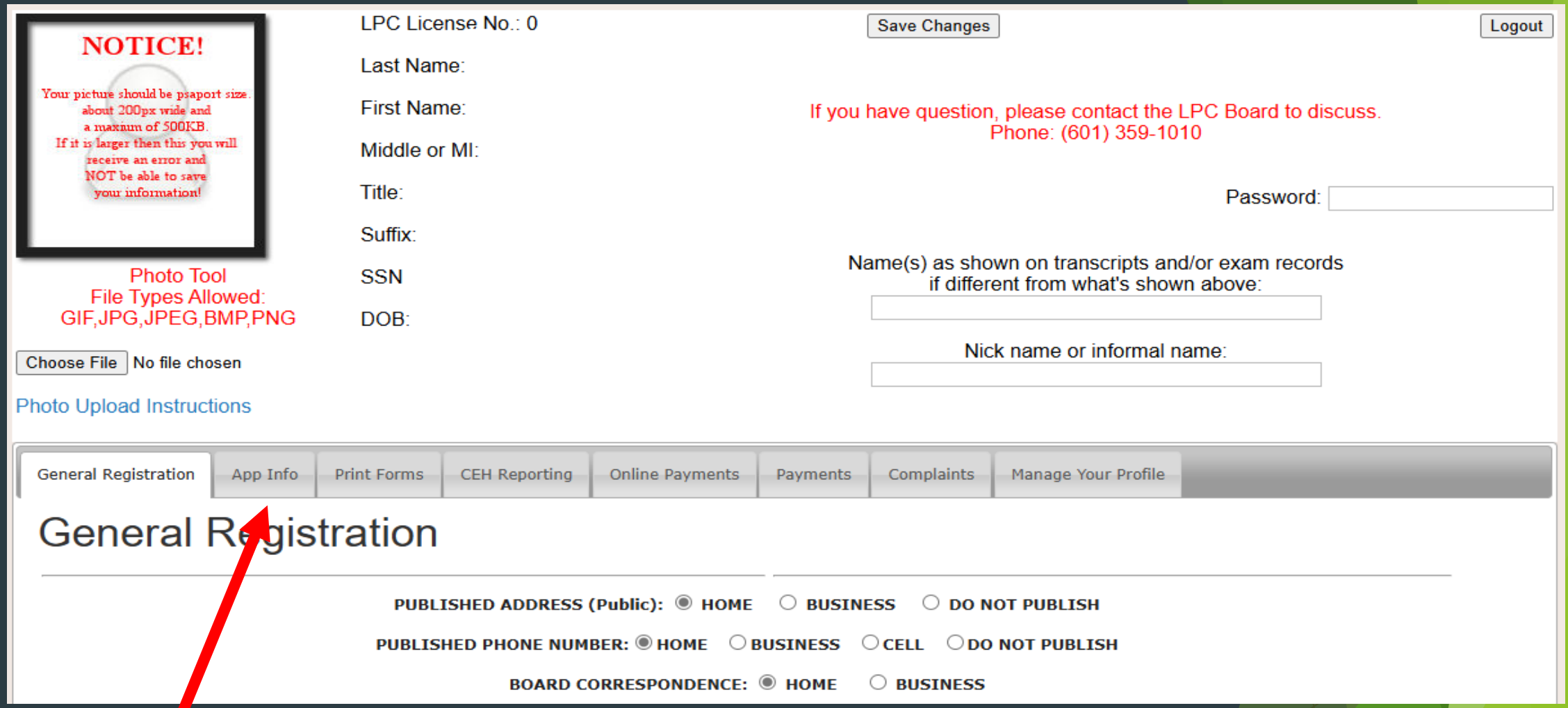
Scroll Down



Complete Information as appropriate

Click



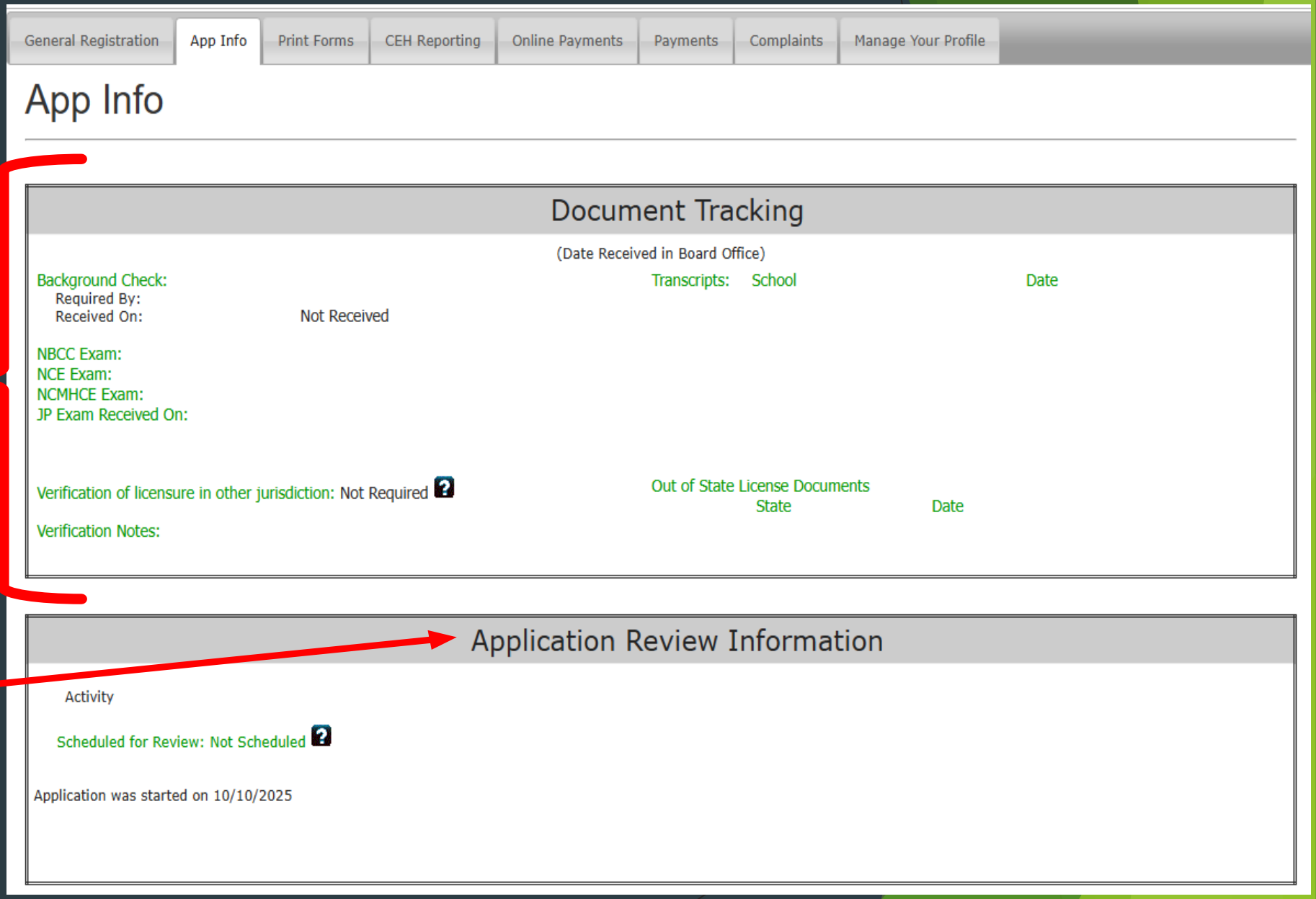


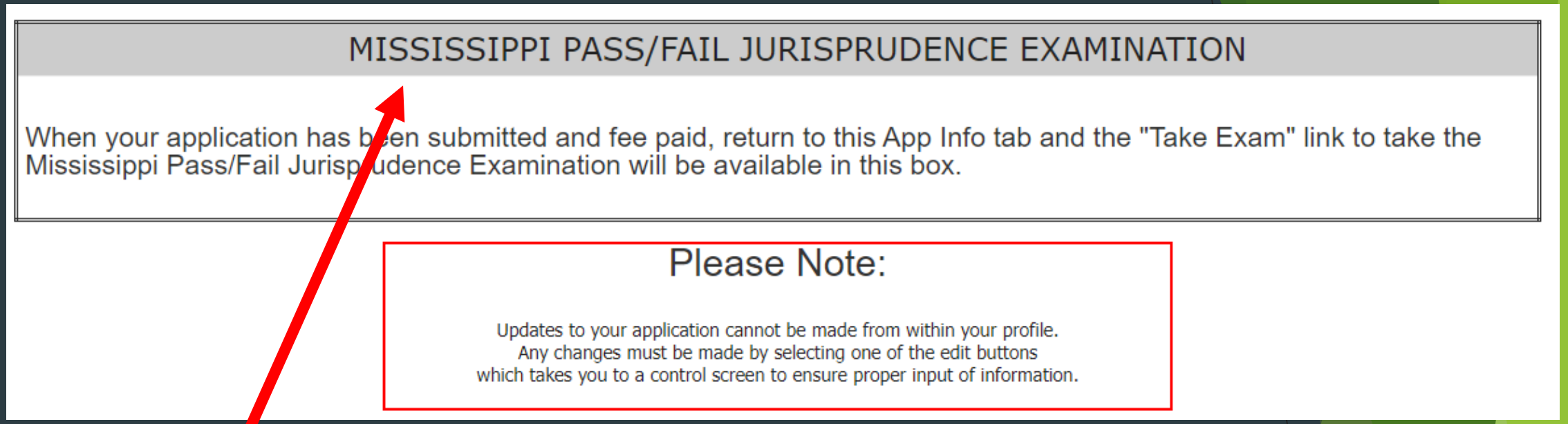
Click on App Info

Want to know if documentation was received?

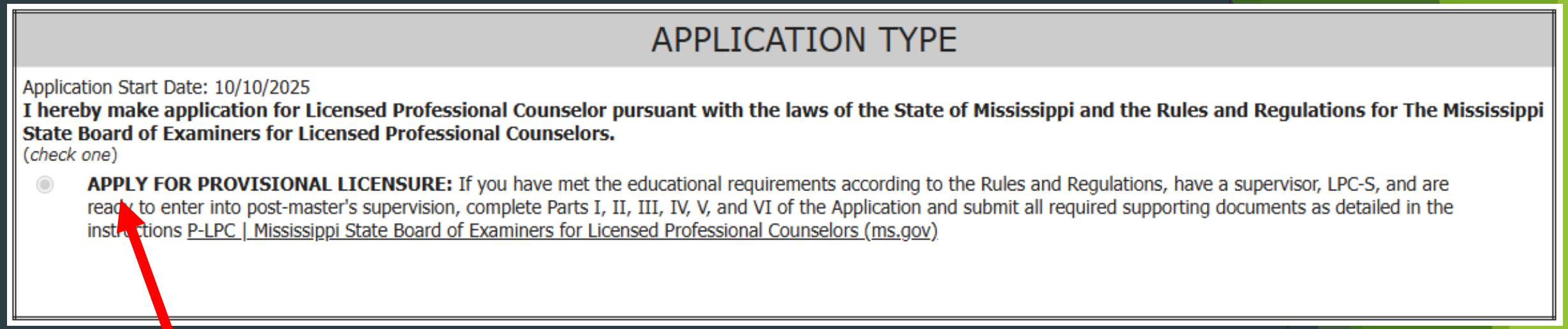
Check here

Application Review Information

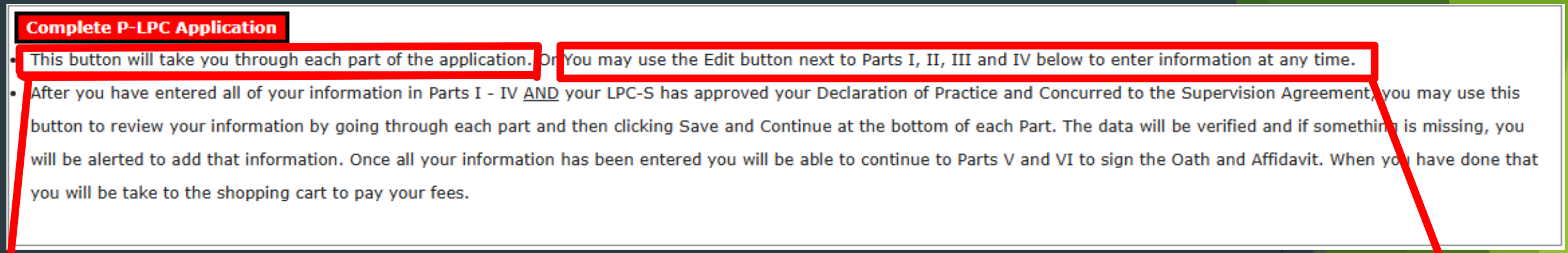




Application Information

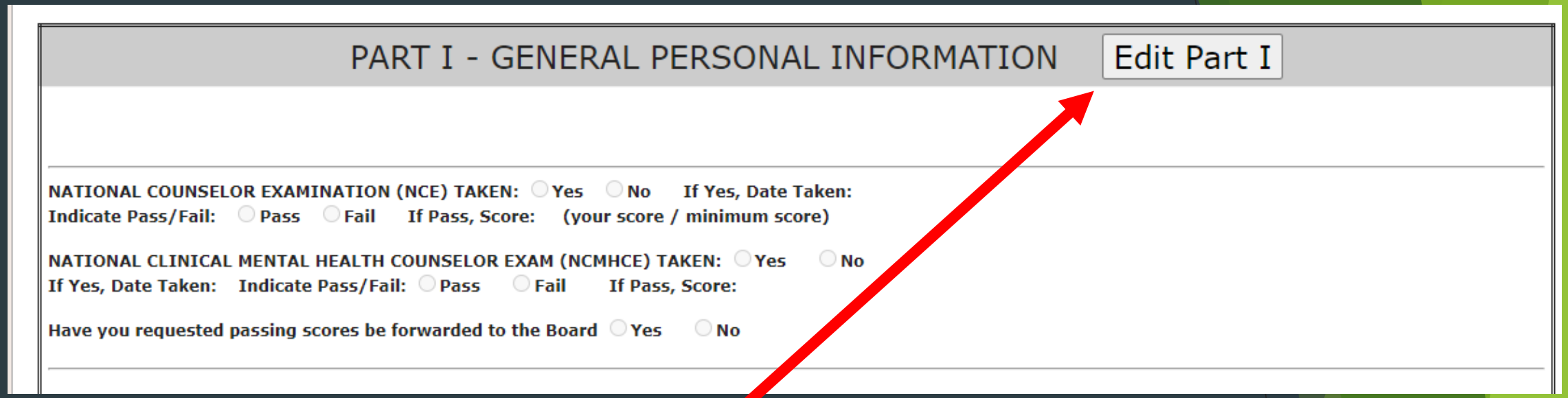


Verify Application Type



You can complete the application

- All at once. The system will walk you step by step through each part
- Or Edit each Part in any order that you want



Step 1
Start your P-LPC Application

Click Here

Complete the Requested information

PART I - PERSONAL INFORMATION

NATIONAL COUNSELOR EXAMINATION (NCE) TAKEN: (•) Yes ( ) No If Yes, Date Taken: 2023-04-02
Indicate Pass/Fail ( ) Pass ( ) Fail If Pass, Score 100/99 (your score / minimum score)

NATIONAL CLINICAL MENTAL HEALTH COUNSELOR EXAM (NCMHCE) TAKEN: ( ) Yes (•) No
If Yes, Date Taken: Indicate Pass/Fail ( ) Pass ( ) Fail If Pass, Score

Have you requested passing scores be forwarded to the Board (•) Yes ( ) No

Have you ever applied for this license before? ( ) Yes (•) No

Do you currently hold or have you ever held another professional license(s) to practice mental health services in Mississippi or another state, please provide the following:

Title	License Number	Issuing State	Issue Date	Expiration Date
LPC	3333	Tennessee	2023-03-06	2023-06-01
		Select		
		Select		
		Select		
		Select		
		Select		

If you are or have ever been licensed in another State(s), please have that/those State(s) officially certify that license directly to the Board office by completing Verification of Licensure in Other Jurisdiction (Form D).

If you currently possess any national professional certifications, please provide the following:

Title	License Number	Issuing State	Issue Date
NCC	222	North Carolina	2023-04-02
CSAT	222	Arizona	2023-04-02
BC-TMH	222	North Carolina	2023-04-02

Complete the Requested information

Click here to Save and return to the profile

INSTRUCTIONS:

- Complete this part for the graduate degree that you want the Board to consider as part of this application.
- The official transcript(s) should be sealed in an envelope and signed or stamped across the envelope's seal by the transcript clerk issuing the document to the applicant. If the approved educational institution will not issue an official transcript to the applicant, the approved educational institution may submit the official transcript directly to the Board. If transcript(s) are sent directly to the Board office from the school/university, ask the Registrar to provide you with a verification that the transcript has been sent and include this with your application.

DEGREE:	◉ **Doctoral (specify:** PhD **)** ○ **Specialist** ○ **Master's** ○ **Other**
Date Awarded:	2023-04-03
Program/Major:	Counseling
Name of Institution:	Out of State **If other:** New Orleans Bapt. Theol.
Street Address:	555 Gentilly
City/State/Zip:	New Orleans / Louisiana / 55555

DEGREE:	○ **Doctoral (specify:** **)** ○ **Specialist** ◉ **Master's** ○ **Other**
Date Awarded:	2023-03-13
Program/Major:	Counseling
Name of Institution:	William Carey University **If other:**
Street Address:	WC Parkway
City/State/Zip:	Hattiesburg / Mississippi / 39401

Fingerprint Card for Background Check:

- Part of the application process is to prepare a fingerprint card required for your background check. Fingerprint images must be submitted on the customized card that will be mailed to you after you complete you application and pay your fees. Once you have paid the Background Check Processing Fee of $50 at the time of the application submittal, the Board will mail you the customized card.

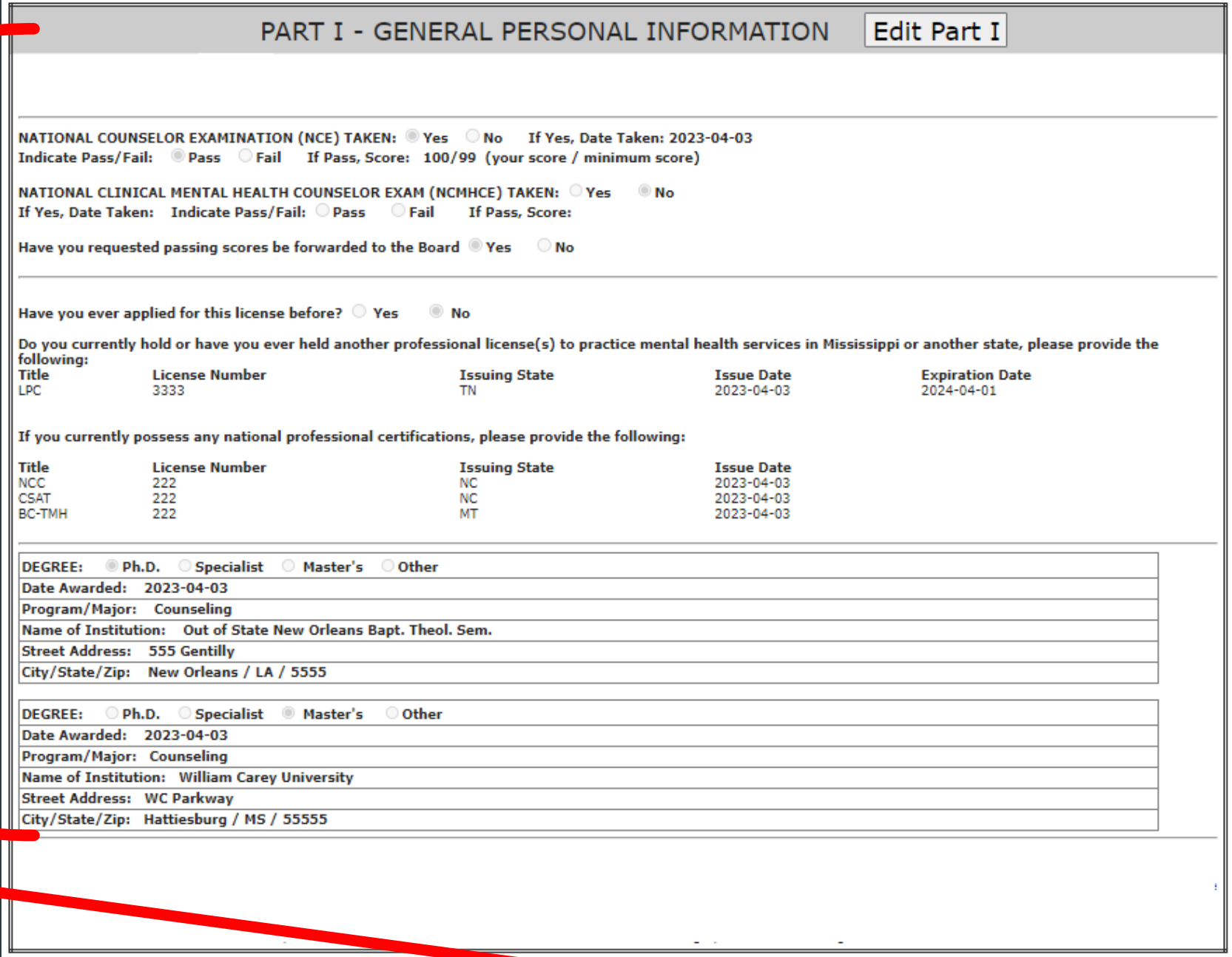
☑ Check this box to indicate that you have read and understand this information related to the fingerprint card and background check.

Save and Return to Profile | Return to Profile

Note: your information transfers to this section

Step 2
Complete course verifications

Click here



PART I - GENERAL PERSONAL INFORMATION Edit Part I

NATIONAL COUNSELOR EXAMINATION (NCE) TAKEN: Yes No If Yes, Date Taken: 2023-04-03
Indicate Pass/Fail: Pass Fail If Pass, Score: 100/99 (your score / minimum score)

NATIONAL CLINICAL MENTAL HEALTH COUNSELOR EXAM (NCMHCE) TAKEN: Yes No
If Yes, Date Taken: Indicate Pass/Fail: Pass Fail If Pass, Score:

Have you requested passing scores be forwarded to the Board Yes No

Have you ever applied for this license before? Yes No

Do you currently hold or have you ever held another professional license(s) to practice mental health services in Mississippi or another state, please provide the following:

Title	License Number	Issuing State	Issue Date	Expiration Date
LPC	3333	TN	2023-04-03	2024-04-01

If you currently possess any national professional certifications, please provide the following:

Title	License Number	Issuing State	Issue Date
NCC	222	NC	2023-04-03
CSAT	222	NC	2023-04-03
BC-TMH	222	MT	2023-04-03

DEGREE: Ph.D. Specialist Master's Other
Date Awarded: 2023-04-03
Program/Major: Counseling
Name of Institution: Out of State New Orleans Bapt. Theol. Sem.
Street Address: 555 Gentilly
City/State/Zip: New Orleans / LA / 5555

DEGREE: Ph.D. Specialist Master's Other
Date Awarded: 2023-04-03
Program/Major: Counseling
Name of Institution: William Carey University
Street Address: WC Parkway
City/State/Zip: Hattiesburg / MS / 55555

PART II - COURSE VERIFICATION FORM Edit Part II

Step 2

Read the Instructions

Note:

LPC Application - Part II

APPLICATION FOR MISSISSIPPI LICENSED PROFESSIONAL COUNSELOR

Continue new application for

PART II - COURSE VERIFICATION FORM

- Complete the following according to your graduate work.
- A graduate program related to counselor education is defined as one that contains course work in all of the following areas. Each applicant must have completed a three (3) hour semester course or its equivalent in each of the following areas.
- Please note that all references to hours of college credit are for semester hours. Quarter hours may be converted to semester using the standard formula (Number of quarter hours X .66 = Semester hour equivalent). Semester hours must total sixty (60) hours.

Caution: If you need to look up information for the areas below, you must click the "Save and Add More" button at least every 15 minutes.

Complete the Requested information

Need to save and continue?

Click here to Save and return to the profile

	Area	Course Number	Course Title	University/College
1	Human Growth and Development	COU 123	Human Growth and Development	WCU
2	Social and Cultural Foundations	COU 123	Social and Cultural Foundations	WCU
3	Counseling and Psychotherapy Skills	COU 123	Counseling Skills	WCU
4	Group Counseling	COU 123	Group Counseling	WCU
5	Lifestyle and Career Development	COU 123	Lifestyle and Career Counseling	WCU
6	Testing and Appraisal	COU 123	Clinical Mental Health Testing	WCU
7	Research and Evaluation	COU 123	Research in Counseling	WCU
8	Professional Orientation to Counseling or Ethics	COU 123	Professional Orientation and Ethics	WCU
9	Theories of Counseling Psychotherapy and Personality	COU 123	Counseling Theories	WCU
10	Marriage and/or Family Counseling/Therapy	COU 123	Marriage and Family Counseling	WCU
11	Abnormal Psychology and Psychopathology	COU 123	Diagnosis	WCU
12	Internship	COU 123	Internship for Clinical Mental Health	WCU

Save and Add More

Save and Return to Profile

Note: your information transfers to this section

Step 3 Complete Supervised Experience

Click here

PART II - COURSE VERIFICATION FORM

Edit Part II

	Area-1	Course Number	Course Title	University/Co
1	Human Growth and Development	COU 123	Human Growth and Development	WCU
2	Social and Cultural Foundations	COU 123	Social and Cultural Foundations	WCU
3	Counseling and Psychotherapy Skills	COU 123	Counseling Skills	WCU
4	Group Counseling	COU 123	Group Counseling	WCU
5	Lifestyle and Career Development	COU 123	Lifestyle and Career Development	WCU
6	Testing and Appraisal	COU 123	Clinical Mental Health Based Assessment	WCU
7	Research and Evaluation	COU 123	Research	WCU
8	Professional Orientation to Counseling or Ethics	COU 123	Professional Orientation to Counseling or Ethics	WCU
9	Theories of Counseling Psychotherapy and Personality	COU 123	Counseling Theories	WCU
10	Marriage and/or Family Counseling/Therapy	COU 123	Marriage and Family Counseling	WCU
11	Abnormal Psychology and Psychopathology	COU 123	Diagnosis	WCU
12	Internship	COU 123	Internshipo	WCU

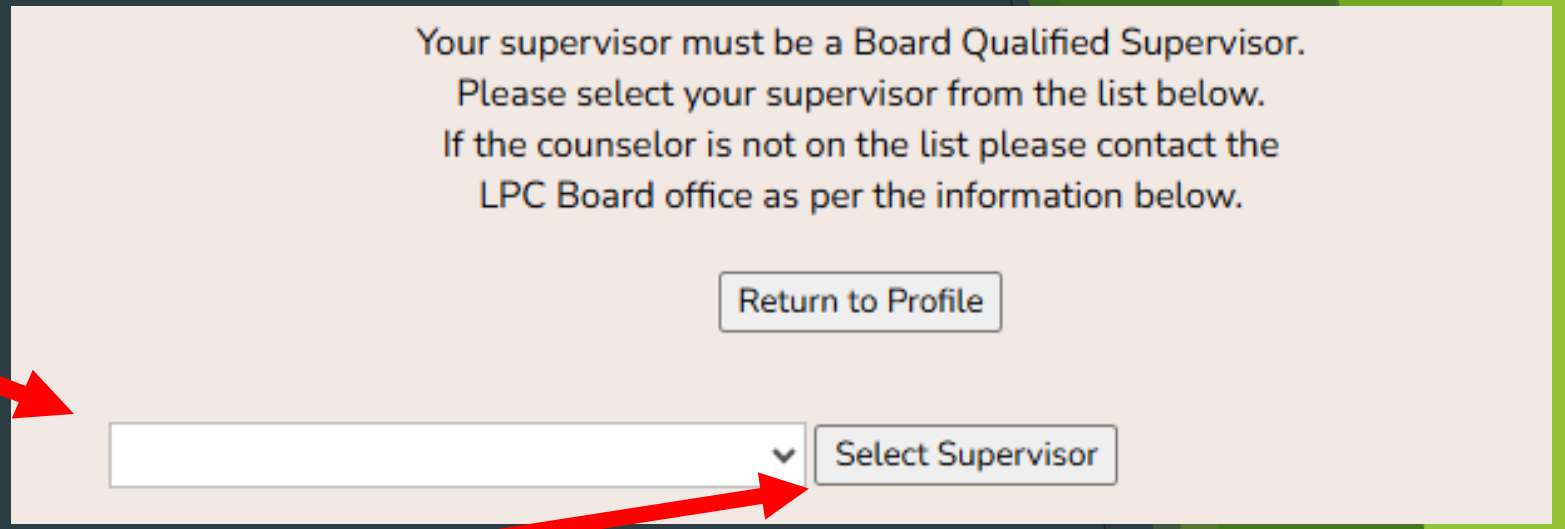
PART III - SUPERVISED EXPERIENCE

Edit Part III

Complete Post-Graduate Supervisory Agreement

View Supervised Work Expe

Search for your LPC-S



Click here

Complete supervised experience information

Click Add

Return to Profile

INFORMATION RELATED TO SUPERVISED EXPERIENCE

Name of organization or agency where experience will be gained (Complete separate form for each setting):

Address of organization or agency: Address City State Zip

Following table contains the **ANTICIPATED** dates and hours.

Start Date:	End Date:
Total Hours Per Week:	Direct Contact Hours Per Week:
Individual Supervision Per Week:	Group Supervision Per Week:

*Total Hours = sum of direct hours, indirect hours, individual supervision, and group supervision.

Type of Setting: Private Practice ○ Hospital ○ School ○ Volunteer ○
Government Agency ◉ Nonprofit ○ Other ○ (describe:)

Type of Counseling Experience/Scope of Practice To Be Gained (Check all that apply) General ☑ Group ☐
Marriage &Family ☐ Drug & Alcohol ☐ Career & Vocational ☐ Rehabilitation ☐ Academic ☐
Child & Adolescent ☐ Art Therapy ☐ Other ☐ (describe)

SUPERVISEE AFFIRMATION

☑ I, as supervisee, affirm that all information provided by me on this form and in my profile is true and accurate and I affirm the following:

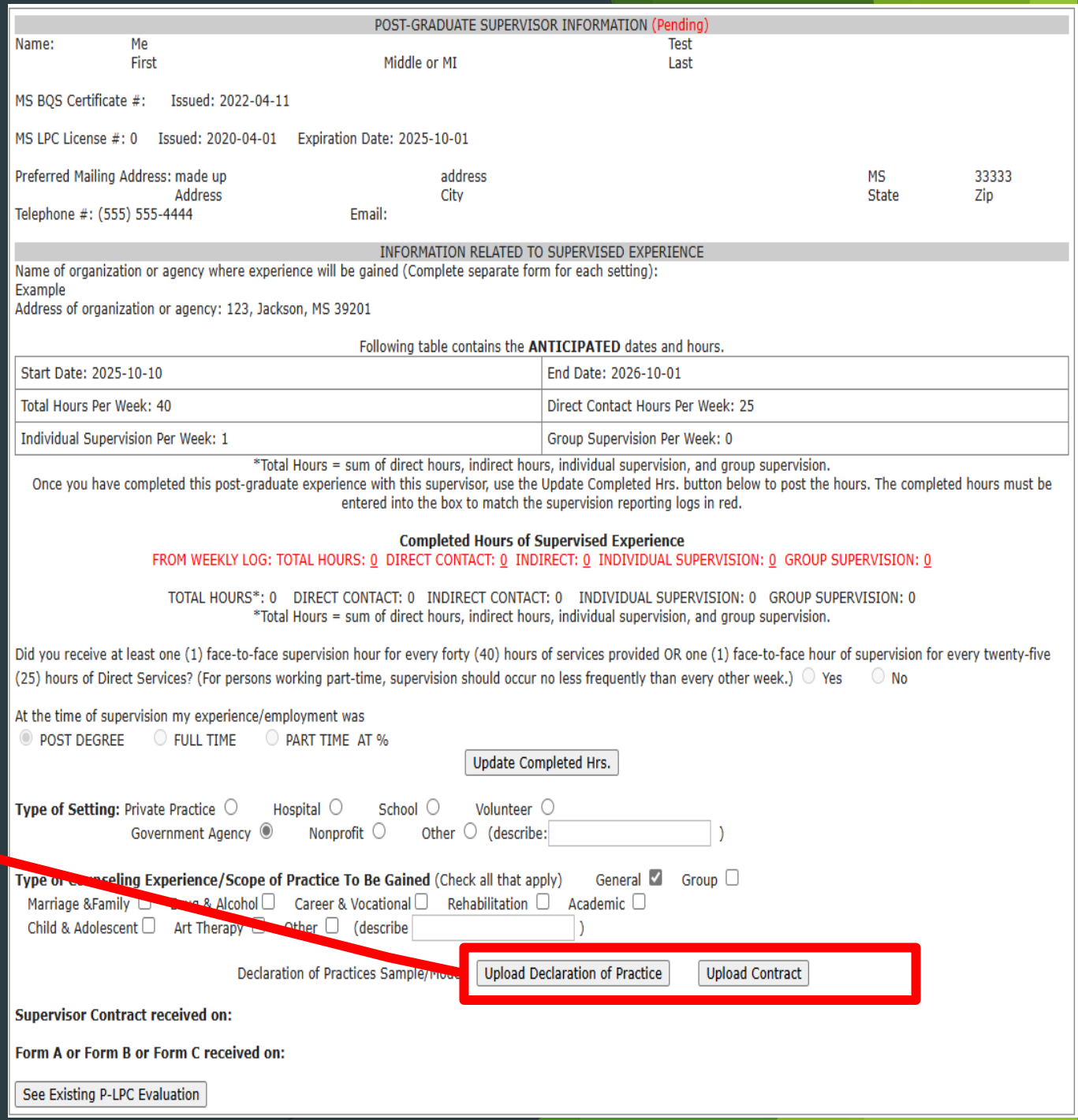
- That I have read the Board Rules & Regulations related to supervised experience and that all supervised experience will be completed in accordance with the Board Rules & Regulations.
- That I will meet with my supervisor at a frequency based upon these ratios: one (1) supervision hour to forty (40) hours of services provided OR one (1) hour of supervision to twenty-five (25) hours of Direct Services. For persons working part-time, supervision should occur no less frequently than every other week.
- That I will abide by all rules of the Board, including ACA ethics requirements.
- That I understand that I am practicing under the license of a Mississippi Board Qualified Supervisor, and I do not have authority to engage in the independent practice of counseling.
- That I will notify the Board if this supervisory arrangement is terminated.
- That it is my responsibility to know whether or not my supervisor is a Board Qualified Supervisor.
- That I understand any additional supervisors and settings must be filed with the Board in advance.

Add

Supervision information is posted here

Upload your

- Declaration of Practice
- Supervision Contract



POST-GRADUATE SUPERVISOR INFORMATION (Pending)

Name: Me First | Middle or MI | Test Last

MS BQS Certificate #: Issued: 2022-04-11

MS LPC License #: 0 Issued: 2020-04-01 Expiration Date: 2025-10-01

Preferred Mailing Address: made up Address | address City | MS State | 33333 Zip

Telephone #: (555) 555-4444 Email:

INFORMATION RELATED TO SUPERVISED EXPERIENCE

Name of organization or agency where experience will be gained (Complete separate form for each setting):
Example
Address of organization or agency: 123, Jackson, MS 39201

Following table contains the **ANTICIPATED** dates and hours.

Start Date: 2025-10-10	End Date: 2026-10-01
Total Hours Per Week: 40	Direct Contact Hours Per Week: 25
Individual Supervision Per Week: 1	Group Supervision Per Week: 0

*Total Hours = sum of direct hours, indirect hours, individual supervision, and group supervision.
Once you have completed this post-graduate experience with this supervisor, use the Update Completed Hrs. button below to post the hours. The completed hours must be entered into the box to match the supervision reporting logs in red.

Completed Hours of Supervised Experience
FROM WEEKLY LOG: TOTAL HOURS: 0 DIRECT CONTACT: 0 INDIRECT: 0 INDIVIDUAL SUPERVISION: 0 GROUP SUPERVISION: 0

TOTAL HOURS*: 0 DIRECT CONTACT: 0 INDIRECT CONTACT: 0 INDIVIDUAL SUPERVISION: 0 GROUP SUPERVISION: 0
*Total Hours = sum of direct hours, indirect hours, individual supervision, and group supervision.

Did you receive at least one (1) face-to-face supervision hour for every forty (40) hours of services provided OR one (1) face-to-face hour of supervision for every twenty-five (25) hours of Direct Services? (For persons working part-time, supervision should occur no less frequently than every other week.) Yes No

At the time of supervision my experience/employment was
POST DEGREE FULL TIME PART TIME AT %

Update Completed Hrs.

Type of Setting: Private Practice Hospital School Volunteer
Government Agency Nonprofit Other (describe:)

Type of Counseling Experience/Scope of Practice To Be Gained (Check all that apply) General Group
Marriage &Family Drug & Alcohol Career & Vocational Rehabilitation Academic
Child & Adolescent Art Therapy Other (describe)

Declaration of Practices Sample/Mod... Upload Declaration of Practice Upload Contract

Supervisor Contract received on:

Form A or Form B or Form C received on:

See Existing P-LPC Evaluation

Beginning July 1, 2025, The Board requires the use of the LPC-S Contract template and the Declaration of Practice template.

During the June 18, 2025 Lunch & Learn, the Board outlined the new supervision forms and the required templates.
Watch the video - https://www.msblpc.org/june-18-2025-lunch-learn-webinar-follow-up

LPC-S Contract:

Supervision Contract Template - https://www.msblpc.org/supervision-contract/
Contract Video Overview - https://www.msblpc.org/wp-content/uploads/2025/04/LPC-S-Contract-Video.mp4
How to use the Contract Template - https://www.msblpc.org/wp-content/uploads/2025/07/LPC-S-Contract-instructions.pdf
How to use the Contract Template Video - https://www.msblpc.org/wp-content/uploads/2025/07/LPC-S-Supervision-Contract.mp4

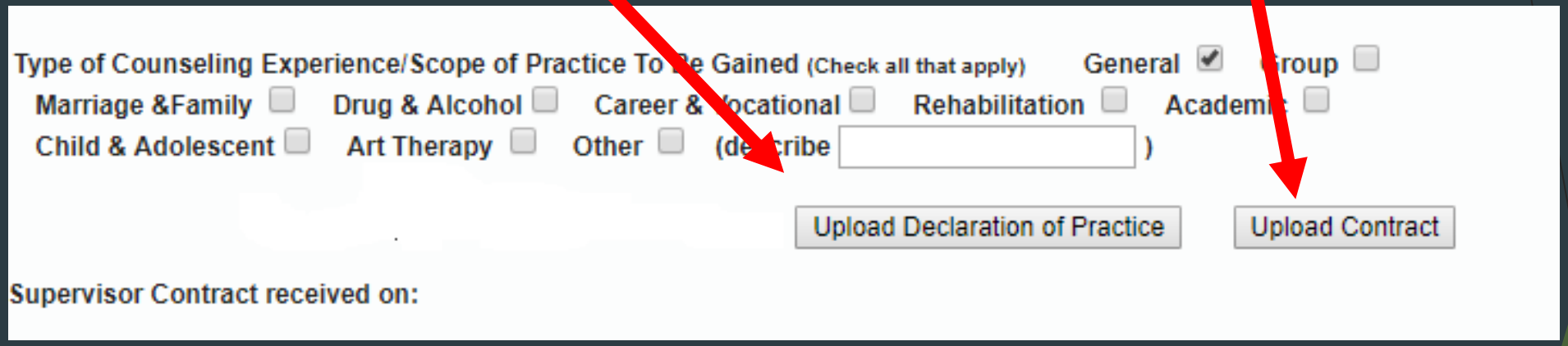
Once your LPC-S receives the completed template via email, you will both initial, sign, and date the document before uploading.

Declaration of Practice:

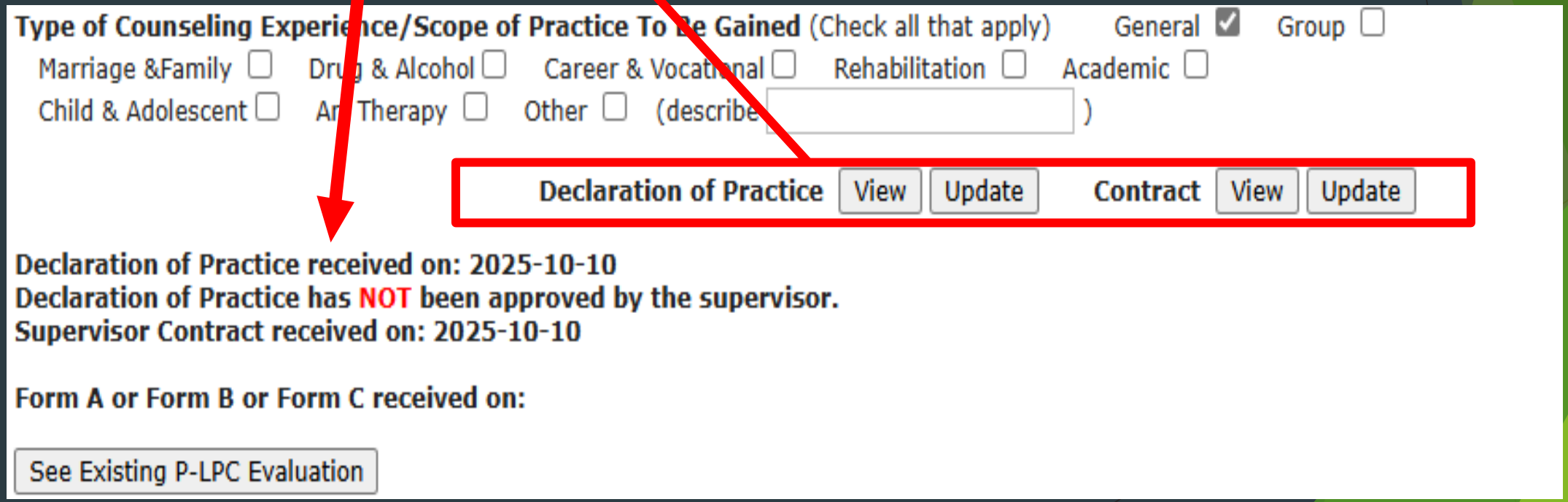
Declaration of Practice Template - https://www.msblpc.org/declaration-of-practice/
Declaration of Practice Video - https://www.msblpc.org/wp-content/uploads/2025/04/Declaration-of-Practice-Video.mp4

The templates represent the minimum requirements.
You are welcome to add additional information or provide an addendums to these templates.

Upload your:
Declaration of Practice and Supervision Contract

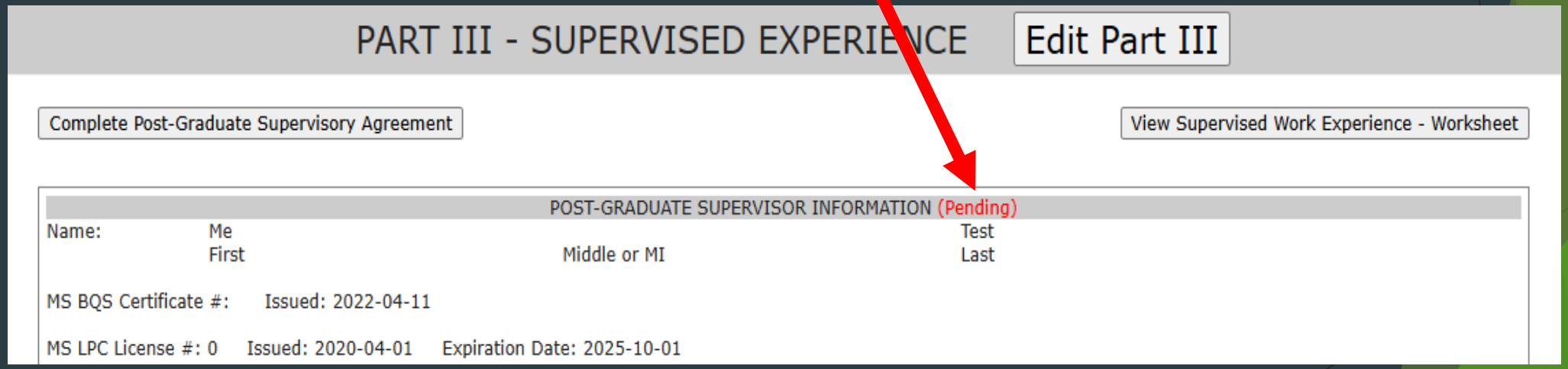


After uploading documents, you will see….

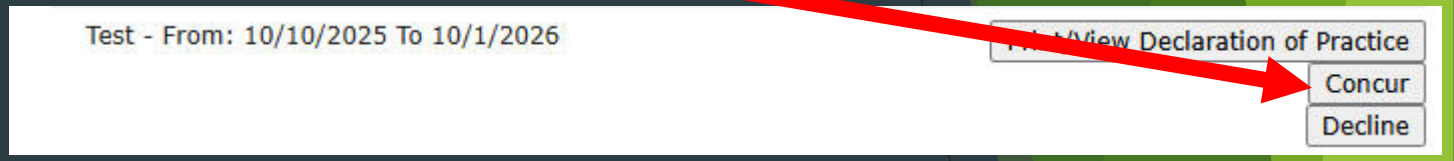


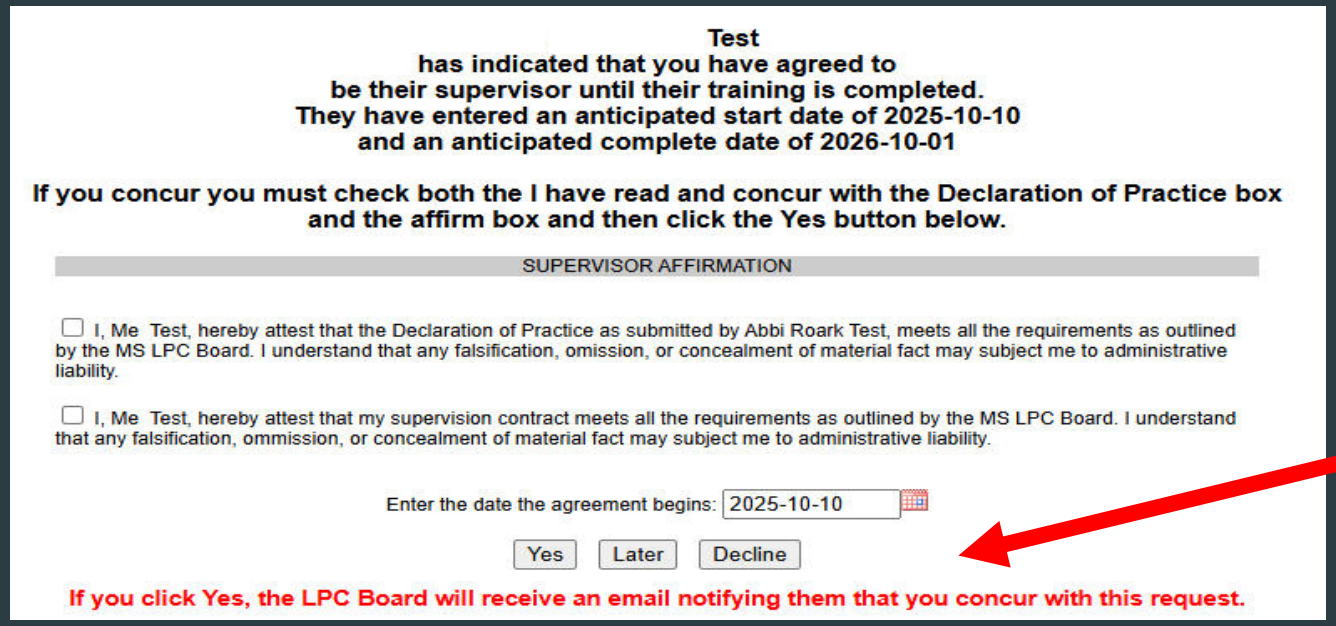
At this point, your LPC-S must agree to your supervision using the Board's online portal.

Once your LPC-S concurs, the beginning date will show here



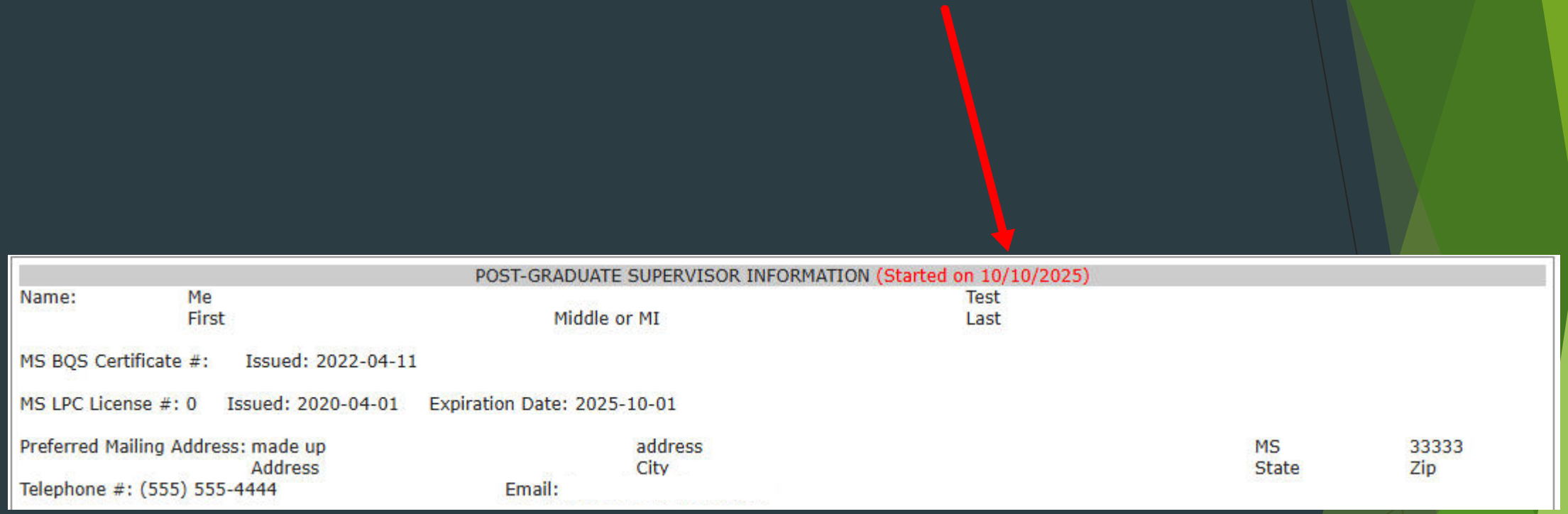
At this point, your LPC-S must agree to your supervision using the Board's online portal.





**Images shown on this slide are from LPC-S portal*

Once your LPC-S concurs, the beginning date will show here



POST-GRADUATE SUPERVISOR INFORMATION (Started on 10/10/2025)

Name: Me (First) Middle or MI Test (Last)

MS BQS Certificate #: Issued: 2022-04-11

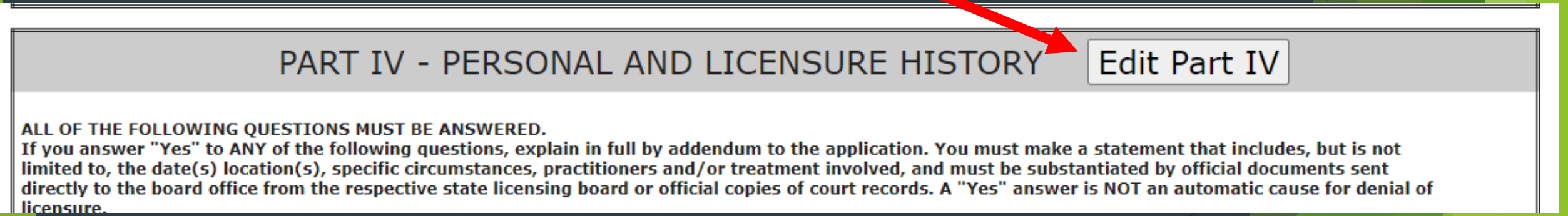
MS LPC License #: 0 Issued: 2020-04-01 Expiration Date: 2025-10-01

Preferred Mailing Address: made up (Address) address (City) MS (State) 33333 (Zip)

Telephone #: (555) 555-4444 Email:

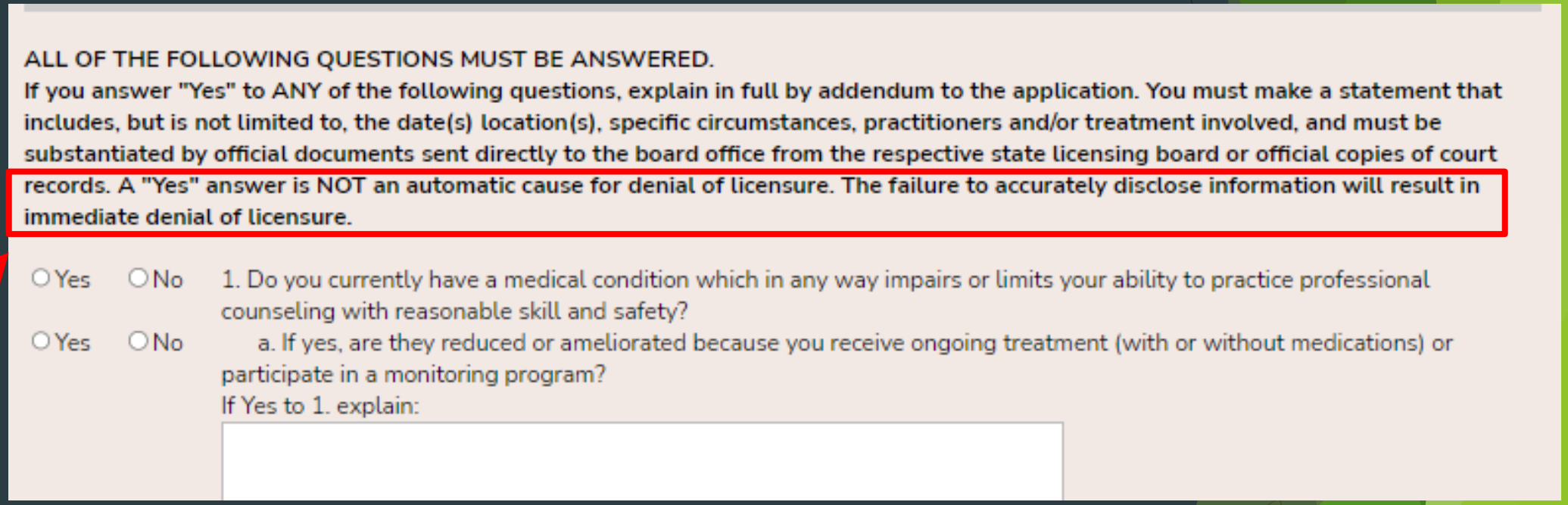
Step 4
Complete the Personal and Licensure History

Click here



Answer each question honestly and (if needed) any and all additional information.

Note:



ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED.

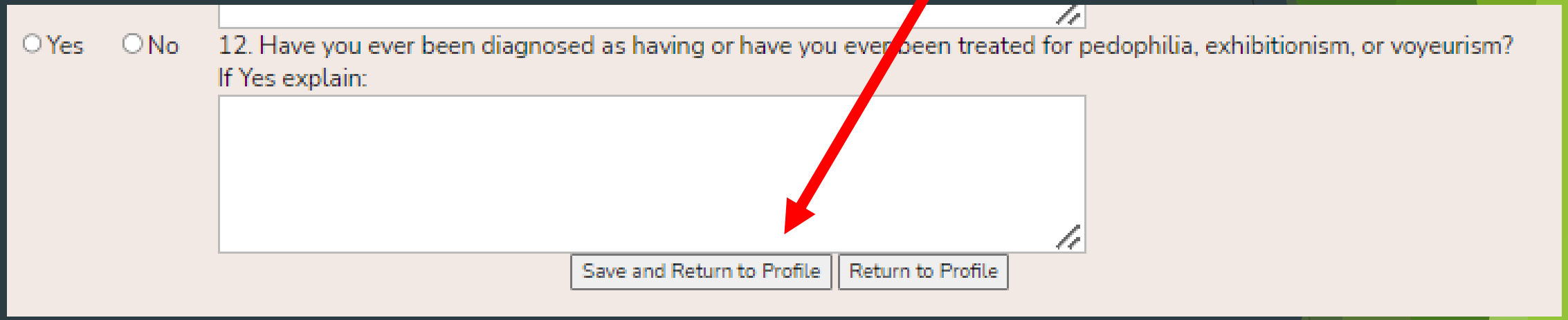
If you answer "Yes" to ANY of the following questions, explain in full by addendum to the application. You must make a statement that includes, but is not limited to, the date(s) location(s), specific circumstances, practitioners and/or treatment involved, and must be substantiated by official documents 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 licensure. The failure to accurately disclose information will result in immediate denial of licensure.

○ Yes ○ No 1. 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?

○ Yes ○ No 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 1. explain:

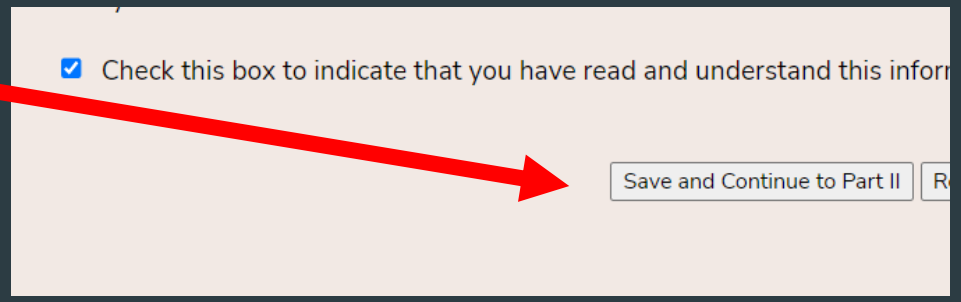
Complete all the questions and click here

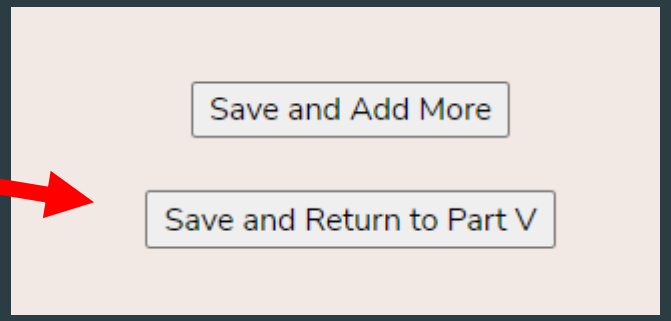


Complete Parts V and VI

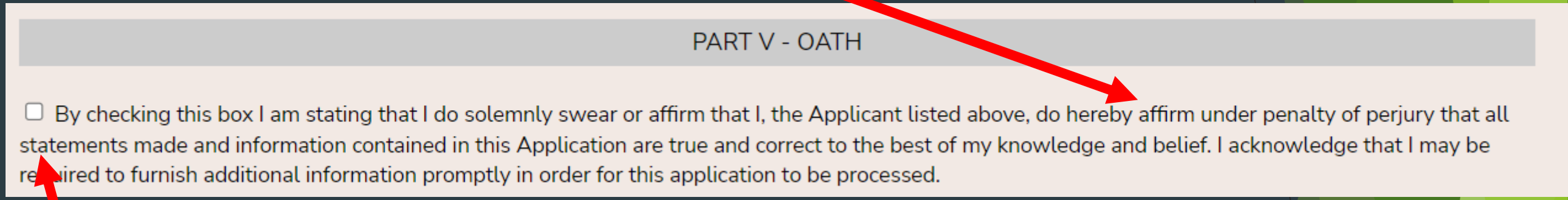
This will make you review all your application information

Review Part II and Part IV and click Save and Continue …





READ CAREFULLY



Step 5
Complete the Oath

READ CAREFULLY

PART VI - AFFIDAVIT AND RELEASE

I, , of do duly swear and identify myself as the person referred to in this application, do attest to the truth of each statement made in said application. I further swear that I have read and understand the statute Mississippi Code of 1972, Annotated Section 73-30-1 et seq and the Rules and Regulations and Application Guidelines of the Mississippi State Board of Examiners for Licensed Professional Counselors, which are a part of the application information and agree to abide by them in the practice of professional counseling in the State of Mississippi.

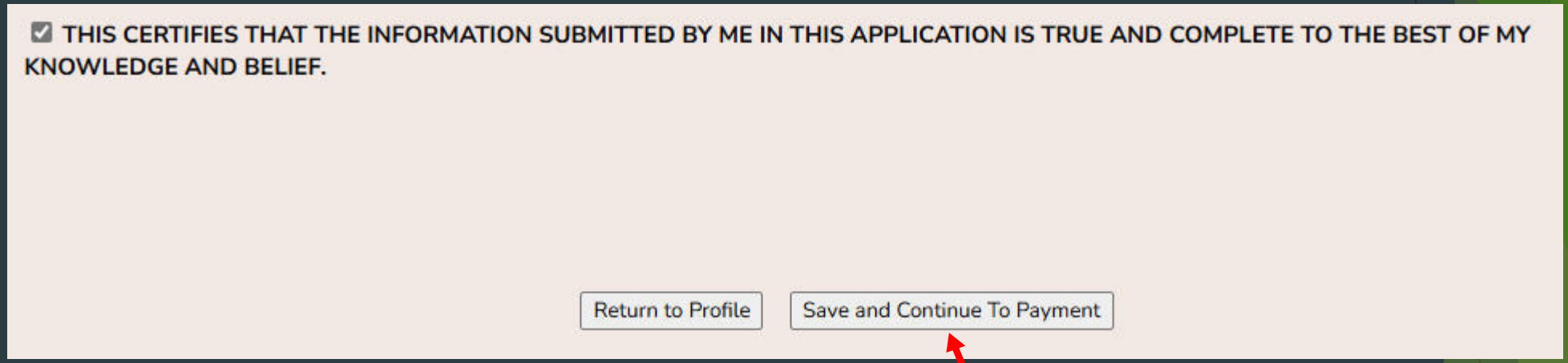
I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice professional counseling.

Step 6
Complete Affidavit and Release

Step 6
Complete Affidavit and Release



Proceed with submitting and remitting payment

Payment Screen

Online Payment

Payment from

Receipt Number:

Check the box next to your license amount

Payment includes:	Amount
☑ $50.00 - New Provisional Licensee Application Fee through 2024-4-12	$50.00
○ $ 50 - Fingerprint Processing Fee (A fingerprint card is required to process your background check. The Board will mail you a fingerprint card with instructions.)	$50.00
Total	$100.00

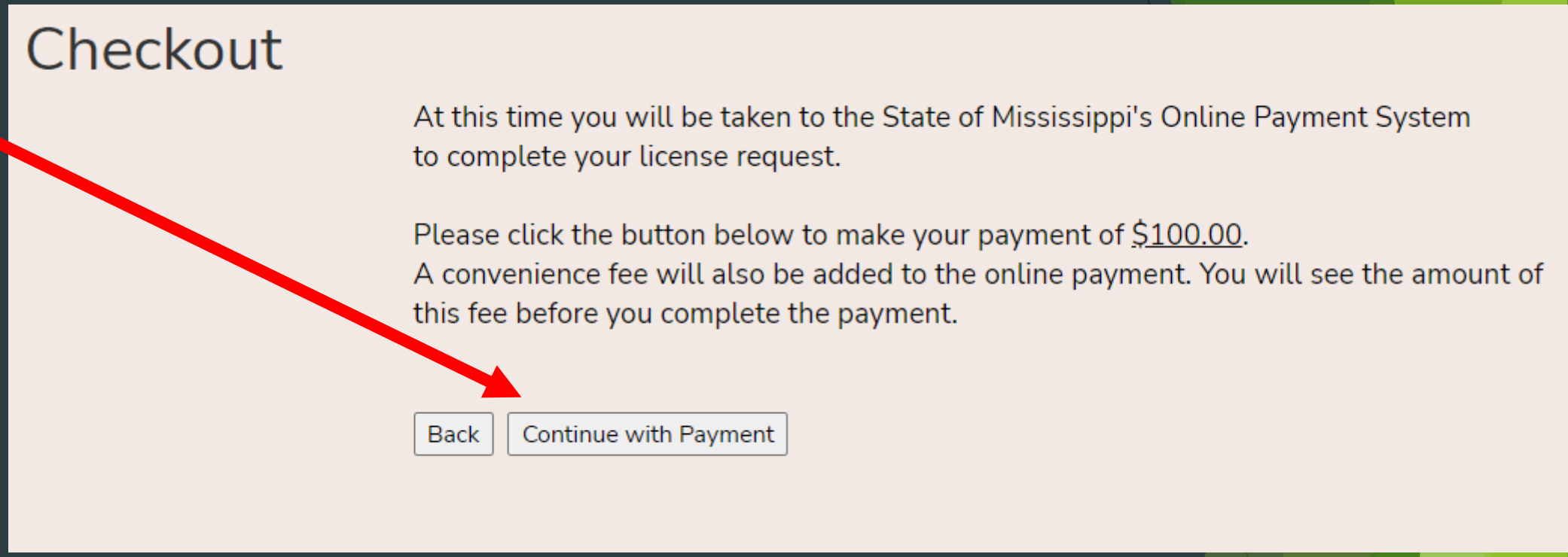
Previous | Reset Selection | Next

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

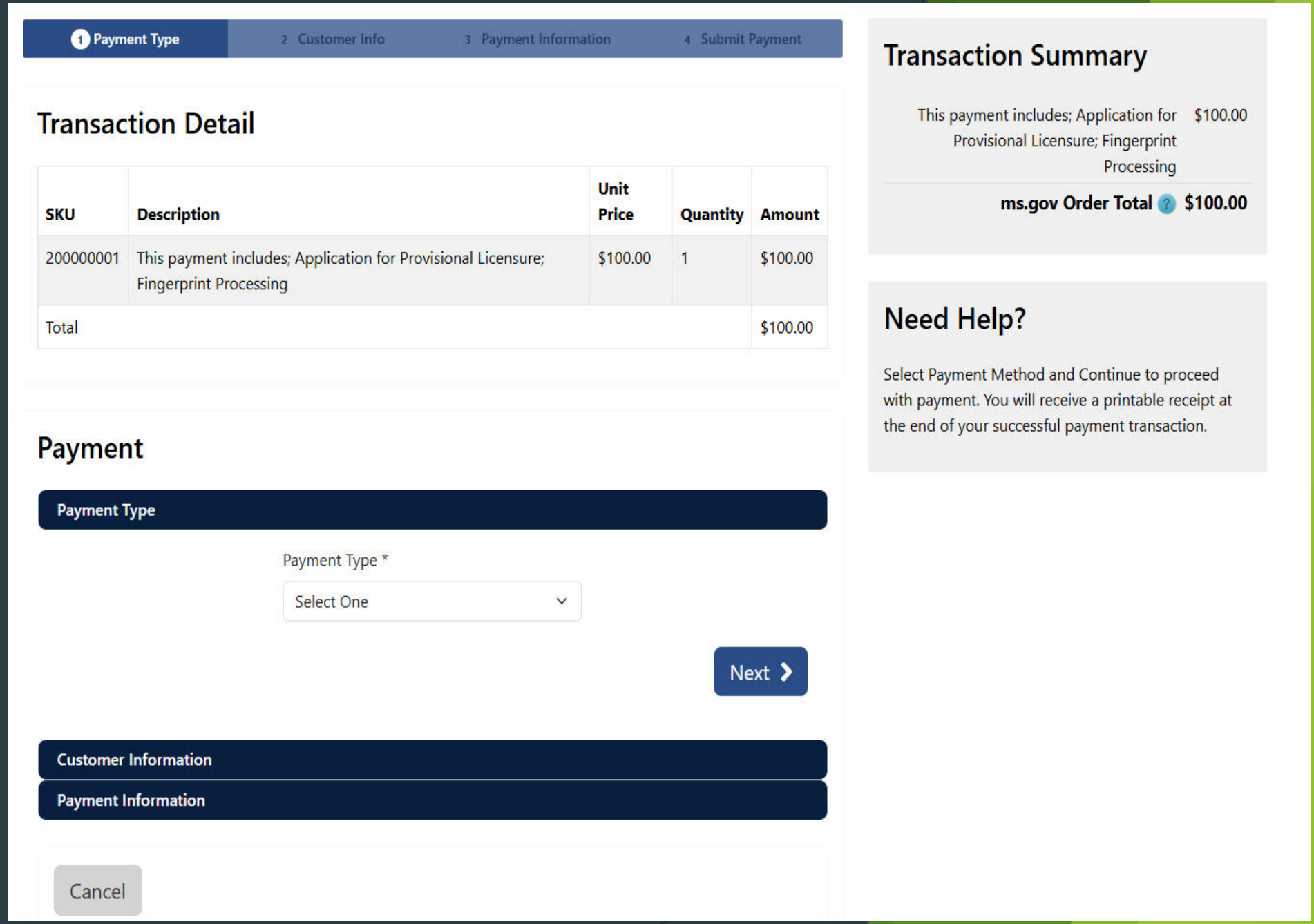
Your application will not be processed until your payment is received.

Pay By Check

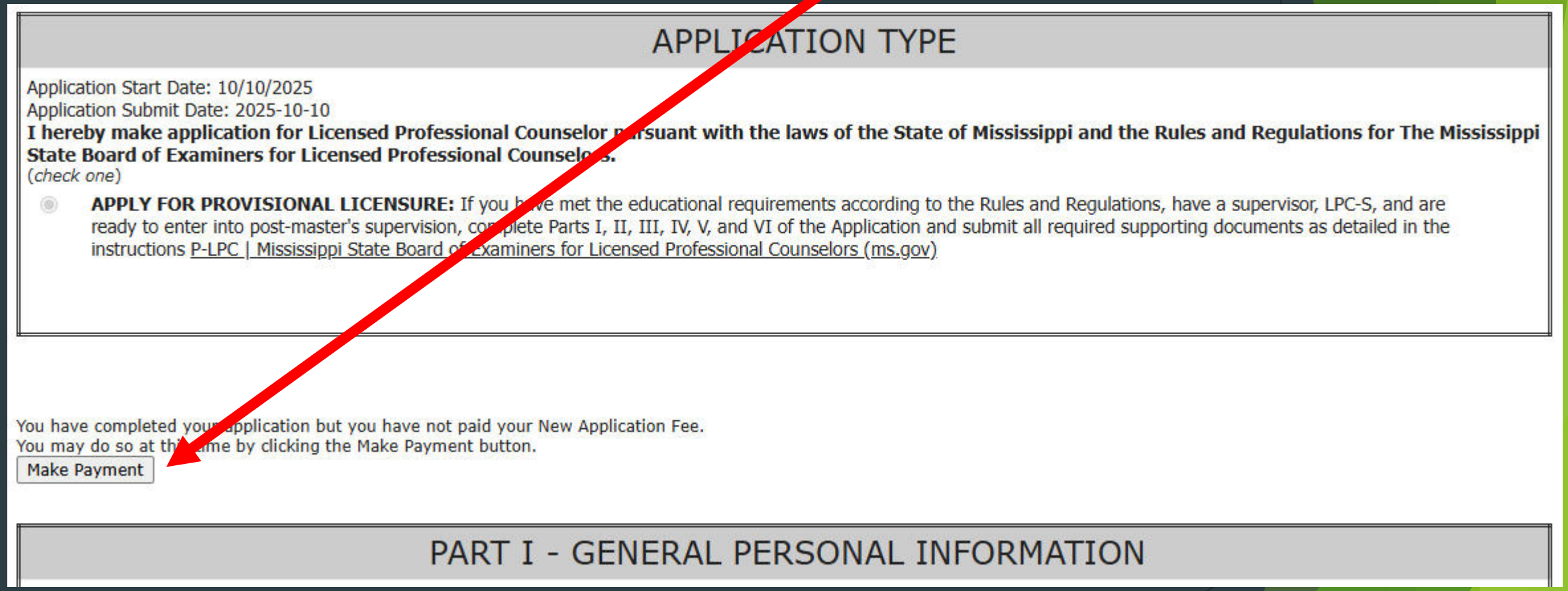
Payment Screen



Complete Online Payment



If you do not complete payment….. Click here



APPLICATION TYPE

Application Start Date: 10/10/2025
Application Submit Date: 2025-10-10
I hereby make application for Licensed Professional Counselor pursuant with the laws of the State of Mississippi and the Rules and Regulations for The Mississippi State Board of Examiners for Licensed Professional Counselors.
(*check one*)

APPLY FOR PROVISIONAL LICENSURE: If you have met the educational requirements according to the Rules and Regulations, have a supervisor, LPC-S, and are ready to enter into post-master's supervision, complete Parts I, II, III, IV, V, and VI of the Application and submit all required supporting documents as detailed in the instructions P-LPC | Mississippi State Board of Examiners for Licensed Professional Counselors (ms.gov)

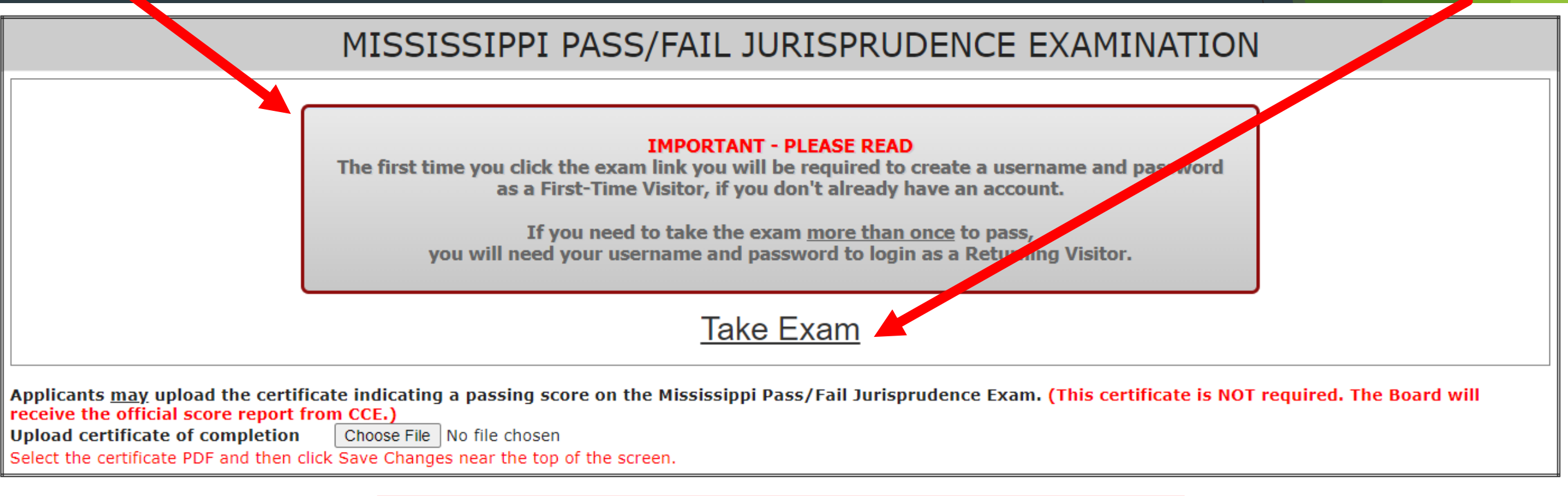
You have completed your application but you have not paid your New Application Fee.
You may do so at this time by clicking the Make Payment button.
Make Payment

PART I - GENERAL PERSONAL INFORMATION

Pass/Fail Jurisprudence Exam

Read the instructions

Click here to access the exam through NBCC



Official passing score report from CCE on the Mississippi Pass/Fail Jurisprudence Examination must be received.
CCE sends the score reports directly to the Board office 2-3 times monthly.