



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

# Navigating the P-LPC Application Process



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

Click  
Here



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





Apply for a License



Verify License



I Am A...



Statutes and Rules



Counseling Compact

## 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



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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 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.

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:

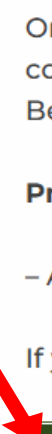
### Pre-Application Requirements:

- 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)

Click  
Here



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 MCCI 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

Today is: Friday, October 10, 2025

## P-LPC 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-hours CACREP master's degree in Counseling or degree program with the word counseling in the title OR doctoral or educational specialist degree primarily in a counseling, guidance, or related field, which meets similar standards as specified in [4.2.C Rules and Regs](#) (including completion of a three (3) hour semester course or 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

# MISSISSIPPI STATE BOARD OF EXAMINERS FOR LICENSED PROFESSIONAL COUNSELORS

Today is: Friday, October 10, 2025

## P-LPC Application - Check for Existing Profile

Enter your SSN

Enter this security code in the box below: 61888

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](http://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

## PERSONAL INFORMATION

Please use appropriate capitalization when entering data.  
DO NOT USE ALL CAPS when entering your information

Name:       
Title First Name Middle Last Name Suffix  
(This should be your legal name as it should appear on certificate)

Name(s) as shown on transcripts and/or exam records if different from above:

PREFERRED PHONE NUMBER: ☐ HOME ☐ BUSINESS ☐ CELL

HOME PHONE:  BUSINESS PHONE:  CELL:

EMAIL ADDRESS:

DATE OF BIRTH:  SOCIAL SECURITY NUMBER: XXX-XX-XXXX

PASSWORD:  (This will be the password to login to your LPC profile.)

If granted a license, your name, preferred address, preferred phone number, email address, and license number will appear on the internet.

You must immediately notify the Board in writing of any changes of information.

Scroll  
Down

Complete  
all  
Questions

PREFERRED ADDRESS: ☐ HOME ☐ BUSINESS

BOARD CORRESPONDENCE SHOULD BE SENT TO: ☐ HOME ☐ BUSINESS

HOME ADDRESS:

239 North Lamar Street

Street (\*\*P.O. Box not  
acceptable)

Jackson

City

Mississippi

State

39201

Zip code

BUSINESS ADDRESS:

239 North Lamar Street

Street

Jackson

City

Mississippi

state

39201

Zip code

HINDS

County

Submit

Submit

Missing  
Information?

You will  
get this  
message.

Ethics

www.lpc.ms.gov says

You must fill in all of the required fields!

Check the box to indicate your preferred address.

Check the box to indicate where board correspondence should be sent.

Check the box to indicate your preferred phone.

Password is required

OK

Submit

SS:

DRESS:

ode

ode

Want a printed  
copy of the  
instructions??

## P-LPC Application - Profile Created

- Your profile has been created.
- To continue with the Provisional process, go to the [login](#) page and enter your email address and password.
- [Click here](#) to see/print the instructions for continuing the process from your profile.

Ready to complete the application?

# MISSISSIPPI STATE BOARD OF EXAMINERS FOR LICENSED PROFESSIONAL COUNSELORS

Today is: Friday, October 10, 2025

## Login

Email:

Password:



[I don't remember my password.](#)

This login is only for Licensed Professional Counselors (LPC or P-LPC) and those who have already created an online profile through the Application process.

If you are not a Licensed Professional Counselor (LPC or P-LPC) or have not already created a profile [Click Here.](#)

Log into  
your account

Upload  
Picture

**NOTICE!**  
Your picture should be passport size,  
about 200px wide and  
a maximum of 500KB.  
If it is larger then this you will  
receive an error and  
**NOT** be able to save  
your information!

Photo Tool  
File Types Allowed:  
GIF,JPG,JPEG,BMP,PNG

Choose File No file chosen

[Photo Upload Instructions](#)

LPC License No.: 0

Last Name:

First Name:

Middle or MI:

Title:

Suffix:

SSN XXX  
DOE

Save Changes

If you have question, please contact the LPC Board to discuss.  
Phone: (601) 359-1010

Password:

Name(s) as shown on transcripts and/or exam records  
if different from what's shown above:

Nick name or informal name:

General Registration

App Info

Print Forms

CEH Reporting

Online Payments

Payments

Complaints

Manage Your Profile

Need help?

Verify  
information

Make sure to  
Answer

Scroll Down

General Registration

Education

App Info

Complaints

Payments

Print Forms

Online Payments

Manage Your Profile

## General Registration

PUBLISHED ADDRESS (Public): ☒ HOME ☐ BUSINESS ☐ DO NOT PUBLISH

PUBLISHED PHONE NUMBER: ☒ HOME ☐ BUSINESS ☐ CELL ☐ DO NOT PUBLISH

BOARD CORRESPONDENCE: ☒ HOME ☐ BUSINESS

Required  List email on Board website: ☐ Yes ☐ No

Release published address and email to State and National organizations: ☐ Yes ☒ No

### Home Address

Address

Address 2

City, St Zip

Phone  Cell Phone

Email  (Required for login)

Home Fax:

County  District:

### Business Address

Employer

Address

Address 2

City, St Zip

Phone:  FAX:

Business Email:

Employment Type

Employment Desc.

Complete  
Information  
as  
appropriate

Click

Physical Home Address (if above address is a P.O. Box)

Address:

City, St Zip

Name

Address

City, St Zip

Phone

### Licensing Information

Status: P-LPC Pending

#### P-LPC License Information

No P-LPC information

#### LPC-S Information

LPC-S: Yes No X LPC-S No.:

LPC-S Date:

#### LPC License Information

| LPC Issue Date       | LPC Expiration Date  |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Specialty Area:

#### Distance Professional Services

Submit to the Board verification of training in TeleMental Health counseling by uploading supporting documentation of **one** of the following:

- a.** Board Certified-TeleMental Health (BC-TMH) credential from the Center for Credentialing and Education, Inc. (CCE)
- b.** Professional training. A minimum of nine (9) clock hours in the areas outlined in the [Rule 7.5](#).

Yes No X PreApproved

## NOTICE!

Your picture should be passport size,  
about 200px wide and  
a maximum of 500KB.  
If it is larger then this you will  
receive an error and  
NOT be able to save  
your information!

Photo Tool  
File Types Allowed:  
GIF,JPG,JPEG,BMP,PNG

No file chosen

[Photo Upload Instructions](#)

LPC License No.: 0

Last Name:

First Name:

Middle or MI:

Title:

Suffix:

SSN

DOB:

If you have question, please contact the LPC Board to discuss.  
Phone: (601) 359-1010

Password:

Name(s) as shown on transcripts and/or exam records  
if different from what's shown above:

Nick name or informal name:

General Registration

App Info

Print Forms

CEH Reporting

Online Payments

Payments

Complaints

Manage Your Profile

## General Registration

PUBLISHED ADDRESS (Public): ☒ HOME ☐ BUSINESS ☐ DO NOT PUBLISH

PUBLISHED PHONE NUMBER: ☒ HOME ☐ BUSINESS ☐ CELL ☐ DO NOT PUBLISH

BOARD CORRESPONDENCE: ☒ HOME ☐ BUSINESS

Click on  
App Info

Want to know if  
documentation  
was received?

Check here

Application Review  
Information

[General Registration](#) [App Info](#) [Print Forms](#) [CEH Reporting](#) [Online Payments](#) [Payments](#) [Complaints](#) [Manage Your Profile](#)

## App Info

**Document Tracking**  
(Date Received in Board Office)

|                                                                 | Transcripts:                   | School | Date |
|-----------------------------------------------------------------|--------------------------------|--------|------|
| Background Check:<br>Required By:<br>Received On:               | Not Received                   |        |      |
| NBCC Exam:                                                      |                                |        |      |
| NCE Exam:                                                       |                                |        |      |
| NCMHCE Exam:                                                    |                                |        |      |
| JP Exam Received On:                                            |                                |        |      |
| Verification of licensure in other jurisdiction: Not Required ? | Out of State License Documents | State  | Date |
| Verification Notes:                                             |                                |        |      |

**Application Review Information**  
Activity  
Scheduled for Review: Not Scheduled ?  
Application was started on 10/10/2025

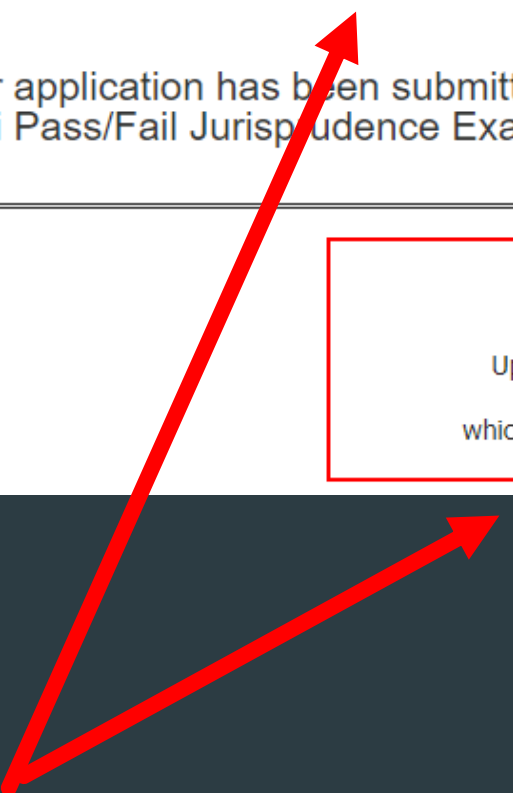
## MISSISSIPPI PASS/FAIL JURISPRUDENCE EXAMINATION

When your application has been submitted and fee paid, return to this App Info tab and the "Take Exam" link to take the Mississippi Pass/Fail Jurisprudence Examination will be available in this box.

### Please Note:

Updates to your application cannot be made from within your profile.  
Any changes must be made by selecting one of the edit buttons  
which takes you to a control screen to ensure proper input of information.

Application  
Information



## APPLICATION TYPE

Application Start Date: 10/10/2025

**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 \(ms.gov\)](#).

Verify Application Type

### Complete P-LPC Application

- This button will take you through each part of the application. Or You may use the Edit button next to Parts I, II, III and IV below to enter information at any time.
- After you have entered all of your information in Parts I - IV AND your LPC-S has approved your Declaration of Practice and Concurred to the Supervision Agreement, you may use this button to review your information by going through each part and then clicking Save and Continue at the bottom of each Part. The data will be verified and if something is missing, you will be alerted to add that information. Once all your information has been entered you will be able to continue to Parts V and VI to sign the Oath and Affidavit. When you have done that you will be take to the shopping cart to pay your fees.

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

## PART I - GENERAL PERSONAL INFORMATION

[Edit Part I](#)

NATIONAL COUNSELOR EXAMINATION (NCE) TAKEN: ☐ Yes ☐ No If Yes, Date Taken:  
Indicate Pass/Fail: ☐ Pass ☐ Fail If Pass, Score: (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

Step 1  
Start your P-LPC  
Application

Click Here

Complete the  
Requested  
information

NATIONAL COUNSELOR EXAMINATION (NCE) TAKEN: ☒ Yes ☐ No If Yes, Date Taken:   
Indicate Pass/Fail ☐ Pass ☐ Fail If Pass, Score  (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:              | <input checked="" type="radio"/> Doctoral (specify: PhD ) | <input type="radio"/> Specialist | <input type="radio"/> Master's | <input type="radio"/> 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:              | <input type="radio"/> Doctoral (specify: ) | <input type="radio"/> Specialist | <input checked="" type="radio"/> Master's | <input type="radio"/> 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



## 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/Col |
|----|------------------------------------------------------|---------------|--------------------------------------------------|----------------|
| 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       | Internship                                       | WCU            |

## PART III - SUPERVISED EXPERIENCE

[Edit Part III](#)[Complete Post-Graduate Supervisory Agreement](#)[View Supervised Work Experience](#)

Search for your  
LPC-S

Your supervisor must be a Board Qualified Supervisor.  
Please select your supervisor from the list below.  
If the counselor is not on the list please contact the  
LPC Board office as per the information below.

[Return to Profile](#)



Select Supervisor

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: <input type="text"/>                      | End Date: <input type="text"/>                      |
| Total Hours Per Week: <input type="text"/>            | Direct Contact Hours Per Week: <input type="text"/> |
| Individual Supervision Per Week: <input type="text"/> | Group Supervision Per Week: <input type="text"/>    |

\*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                 |                    | Test                        |       |
|                                                | First              | Middle or MI       | 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            | MS                          | 33333 |
|                                                | Address            | City               | State                       | 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 %

**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 ☐ Substance & Alcohol ☐ Career & Vocational ☐ Rehabilitation ☐ Academic ☐  
Child & Adolescent ☐ Art Therapy ☐ Other ☐ (describe: )

Declaration of Practices Sample/Model

**Supervisor Contract received on:**

**Form A or Form B or Form C received on:**

# 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

Type of Counseling Experience/Scope of Practice To Be Gained (Check all that apply)

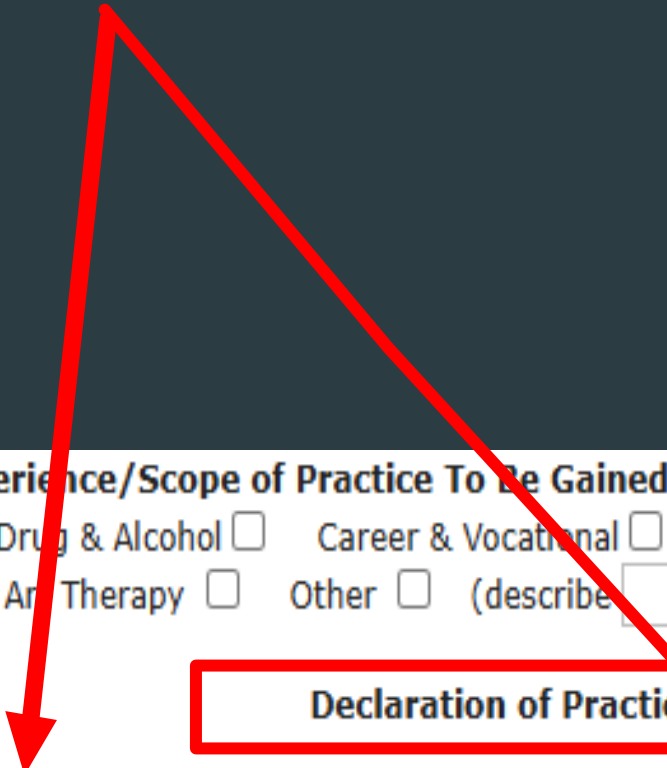
General ☒ Group ☐

Marriage & Family ☐ Drug & Alcohol ☐ Career & Vocational ☐ Rehabilitation ☐ Academic ☐

Child & Adolescent ☐ Art Therapy ☐ Other ☐ (describe )

Supervisor Contract received on:

# After uploading documents, you will see....



**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 Practice**    View    Update    **Contract**    View    Update

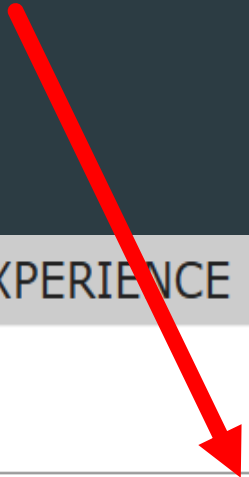
**Declaration of Practice received on: 2025-10-10**  
**Declaration of Practice has NOT been approved by the supervisor.**  
**Supervisor Contract received on: 2025-10-10**

**Form A or Form B or Form C received on:**

[See Existing P-LPC Evaluation](#)

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



| PART III - SUPERVISED EXPERIENCE                             |                    | Edit Part III                                               |
|--------------------------------------------------------------|--------------------|-------------------------------------------------------------|
| <a href="#">Complete Post-Graduate Supervisory Agreement</a> |                    | <a href="#">View Supervised Work Experience - Worksheet</a> |
| <b>POST-GRADUATE SUPERVISOR INFORMATION (Pending)</b>        |                    |                                                             |
| Name:                                                        | Me                 | Test                                                        |
|                                                              | First              | Last                                                        |
|                                                              |                    | Middle or MI                                                |
| MS BQS Certificate #:                                        | Issued: 2022-04-11 |                                                             |
| MS LPC License #:                                            | 0                  | Issued: 2020-04-01    Expiration Date: 2025-10-01           |

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

Test - From: 10/10/2025 To 10/1/2026

[View Declaration of Practice](#)

[Concur](#)

[Decline](#)

**Test**  
has indicated that you have agreed to  
be their supervisor until their training is completed.  
They have entered an anticipated start date of 2025-10-10  
and an anticipated complete date of 2026-10-01

**If you concur you must check both the I have read and concur with the Declaration of Practice box  
and the affirm box and then click the Yes button below.**

**SUPERVISOR AFFIRMATION**

☐ I, Me Test, hereby attest that the Declaration of Practice as submitted by Abbi Roark Test, meets all the requirements as outlined by the MS LPC Board. I understand that any falsification, omission, or concealment of material fact may subject me to administrative liability.

☐ I, Me Test, hereby attest that my supervision contract meets all the requirements as outlined by the MS LPC Board. I understand that any falsification, omission, or concealment of material fact may subject me to administrative liability.

Enter the date the agreement begins:

[Yes](#) [Later](#) [Decline](#)

**If you click Yes, the LPC Board will receive an email notifying them that you concur with this request.**

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

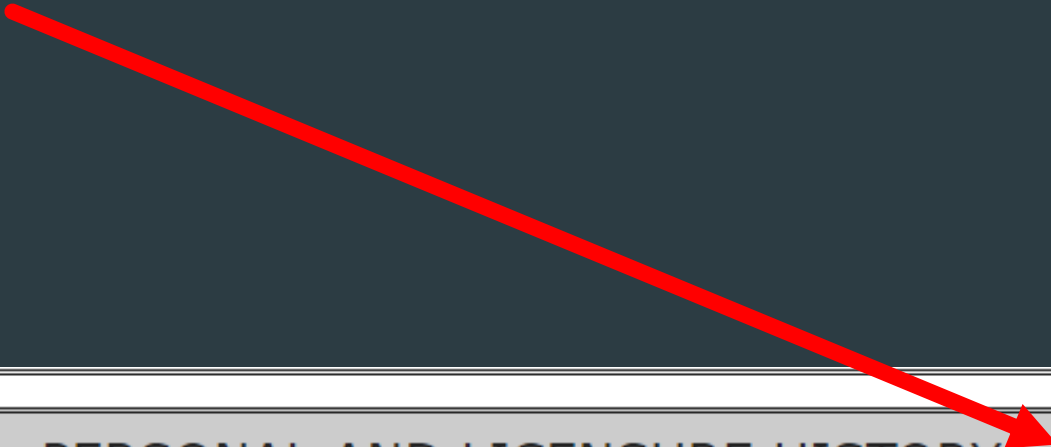


| POST-GRADUATE SUPERVISOR INFORMATION (Started on 10/10/2025)       |       |              |       |       |
|--------------------------------------------------------------------|-------|--------------|-------|-------|
| Name:                                                              | Me    |              | Test  |       |
|                                                                    | First | Middle or MI | 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      | MS    | 33333 |
| Address                                                            |       | City         | State | Zip   |
| Telephone #: (555) 555-4444                                        |       | Email:       |       |       |

## Step 4

# Complete the Personal and Licensure History

Click here



### PART IV - PERSONAL AND LICENSURE HISTORY

Edit Part IV

**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.

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

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:

Note:



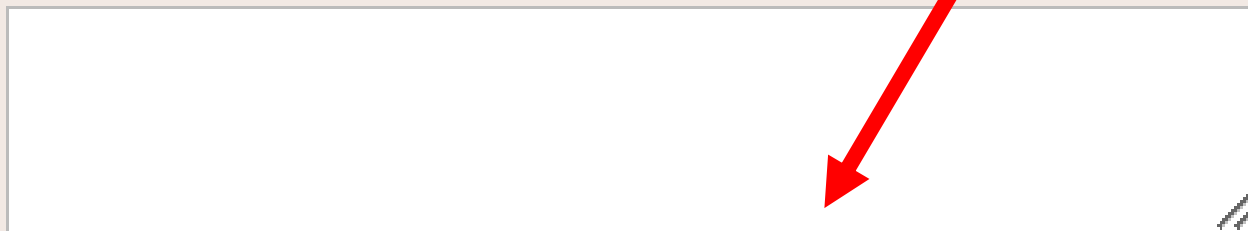
# Complete all the questions and click here

☐ Yes

☐ No

12. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

If Yes explain:



Save and Return to Profile

Return to Profile

## Complete Parts V and VI

This will make you review all your application information

### **Complete P-LPC Application**

- This button will take you through each part of the application. Or You may use the Edit button next to Parts I, II, III and IV below to enter information at any time.
- After you have entered all of your information in Parts I - IV, you may use this button to review your information by going through each part and then clicking Save and Continue at the bottom of each Part. The data will be verified and if something is missing, you will be alerted to add that information. Once all your information has been entered you will be able to continue to Parts V and VI to sign the Oath and Affidavit. When you have done that you will be take to the shopping cart to pay your fees.

PART V and Part VI may only be completed after verifying that all your required data has been entered. To complete this step use the red "Complete Application" button above.

#### PART V - OATH

- ☐ By checking this box I am stating that I do solemnly swear or affirm that I, the Applicant listed above, do hereby affirm under penalty of

# Review Part II and Part IV and click Save and Continue ...

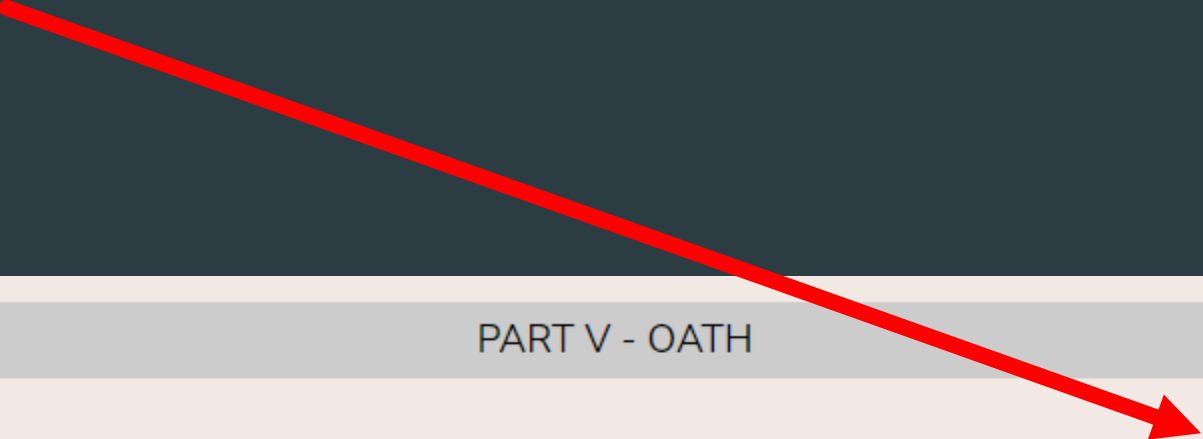
☒ Check this box to indicate that you have read and understand this information

Save and Continue to Part II

Save and Add More

Save and Return to Part V

READ CAREFULLY



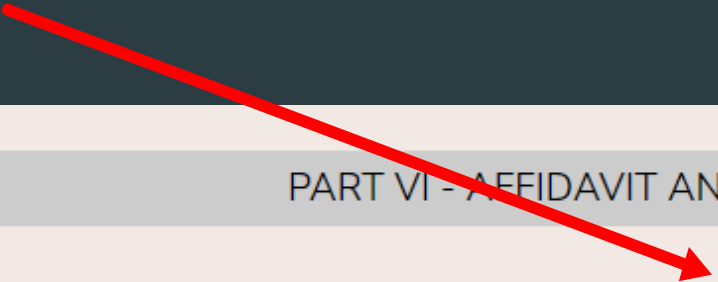
PART V - OATH

☐ By checking this box I am stating that I do solemnly swear or affirm that I, the Applicant listed above, do hereby affirm under penalty of perjury that all statements made and information contained in this Application are true and correct to the best of my knowledge and belief. I acknowledge that I may be required to furnish additional information promptly in order for this application to be processed.



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

☒ THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

[Return to Profile](#)

[Save and Continue To Payment](#)

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   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <input checked="" type="checkbox"/> \$50.00 - New Provisional Licensee Application Fee through 2024-4-12                                                                                     | \$50.00  |
| <input type="radio"/> \$ 50 - Fingerprint Processing Fee<br>(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

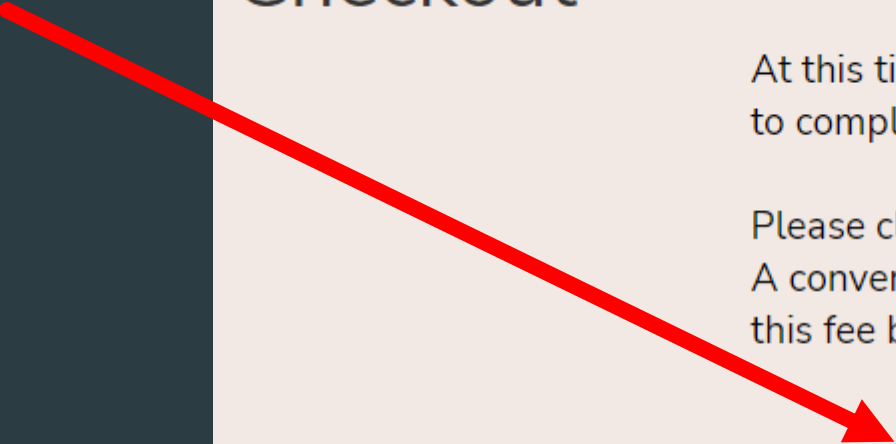
# Payment Screen

## Checkout

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 \$100.00.

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 Online Payment

1 Payment Type

2 Customer Info

3 Payment Information

4 Submit Payment

### Transaction Detail

| SKU       | Description                                                                          | Unit Price | Quantity | Amount   |
|-----------|--------------------------------------------------------------------------------------|------------|----------|----------|
| 200000001 | This payment includes; Application for Provisional Licensure; Fingerprint Processing | \$100.00   | 1        | \$100.00 |
| Total     |                                                                                      |            |          | \$100.00 |

### Payment

Payment Type

Payment Type \*

Select One

Next >

Customer Information

Payment Information

Cancel

### Transaction Summary

This payment includes; Application for Provisional Licensure; Fingerprint Processing

**ms.gov Order Total**  **\$100.00**

### 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.

# 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.

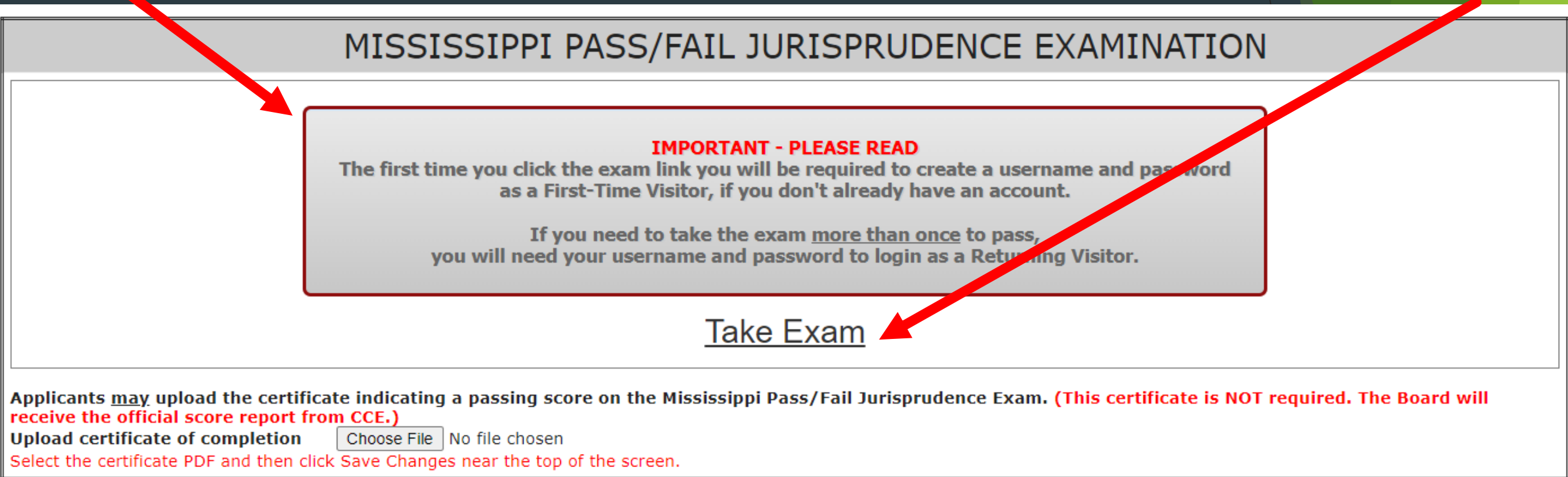
[Make Payment](#)

## PART I - GENERAL PERSONAL INFORMATION

# Pass/Fail Jurisprudence Exam

Read the instructions

Click here to access the exam through NBCC



MISSISSIPPI PASS/FAIL JURISPRUDENCE EXAMINATION

**IMPORTANT - PLEASE READ**

The first time you click the exam link you will be required to create a username and password as a First-Time Visitor, if you don't already have an account.

If you need to take the exam more than once to pass, you will need your username and password to login as a Returning Visitor.

[Take Exam](#)

Applicants may upload the certificate indicating a passing score on the Mississippi Pass/Fail Jurisprudence Exam. (This certificate is NOT required. The Board will receive the official score report from CCE.)

Upload certificate of completion  No file chosen

Select the certificate PDF and then click Save Changes near the top of the screen.

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.