

APPLICATION FOR APPOINTMENT
The Mississippi Board of Examiners For Licensed Professional Counselors

I. MY PROFESSIONAL DESIGNATION IS AS FOLLOWS:

Counselor Practitioner: (Licensees who are **primarily** engaged in private or institutional practice in counseling).

Counselor Educator: (Licensees who are **primarily** engaged in teaching, training, or research in counseling at the corporate or university level).

Notes of Importance:

1. The designations of, “Counselor Practitioner,” and, “Counselor Educator,” refer to your primary employment and/or scope of practice. Your Curriculum Vitae should reflect your designation (education, past and present employment, etc.).

2. Your designation will be a factor in your consideration for nomination to the LPC Board, as the composition of the LPC Board is stipulated by law. (*Source: Miss Code Ann. § 73-30-5 Adopted May 21, 2015; Rev. 08/ 17/2015; Rev. 1/15/2016; Rev. 3/23/2016*).

II. CONTACT INFORMATION:

Name:	First, Middle, Last	County of Residence	County
Mailing Address:	Street or PO Box	City.	ST ZIP
Office Phone:	Phone & Ext.	Home/Cell Phone:	Phone & Ext.
Fax Number:	Fax #	Email address:	Email

III. APPLICATION REQUIREMENTS & SUBMISSION INFORMATION

The following **MUST BE ATTACHED and/or SENT with your application**, or it will not be eligible for consideration:

- A Current and Up-to-Date Curriculum Vitae
- Typed responses to the “Questions Specific To Your Desire/Intent to be a member of the LPC Board”
- All sections of your Application completed (if applicable)
- Names and contact information for your three (3) references listed on Application

(Note: ALL DOCUMENTS must be submitted in MSWord or PDF Format)

Complete and submit your TYPED application and send in an email to the MCA Executive Director, Carolyn Anderson at carolyn.anderson@mscounselor.org or my mail to:

Mailing Address: Mississippi Counseling Association, Attn: Executive Director,
PO Box 353, Long Beach, Mississippi 39560

IV. LICENSURE INFORMATION (for Counseling Practitioner):

I am a Licensed Professional Counselor License # _____ earned in the year of Date. I am a Board Qualified Supervisor BQS # _____ earned in the year of Date.

I hold other licenses. They are (type of license, earned when, and in what state?) as follows:

[Click here to enter text.](#)

V. CERTIFICATION INFORMATION:

I hold certifications in the counseling field [Type of certification/Earned in year]:

[Click here to enter text.](#)

VI. ASSOCIATION & PROFESSIONAL MEMBERSHIPS and/or SERVICE

1. Mississippi Counseling Association (MCA) membership: Yes No

2. Mississippi Licensed Professional Counselors Association (MLPCA) membership: Yes No

3. Memberships in Counseling Associations [or other organizations]:

[Click here to enter text.](#)

4. Offices held in Counseling Associations (Elected or Appointed) [or other associations]

[Click here to enter text.](#)

5. Teaching Experience in the field of Counseling [or other service]

[Click here to enter text.](#)

6. Publications written or Research conducted [or related writings]

[Click here to enter text.](#)

7. OTHER INFORMATION:

[Click here to enter text.](#)

VII. PROFESSIONAL AND ETHICAL INFORMATION:

Note: In this section, “(a) medical, (b) mental health, or (c) educational/academic organization/group/facility,” includes, but is not limited to any and all of the following;

A. Mental health, medical, or educational organization (e.g., hospital/mental health facility, medical/mental health group, independent practice, and community mental health center(s))

B. School, educational facility, school educational or academic institution academic or honor society, professional association, faculty position or other educational delivery entity or system(s)

1. Has your license to practice counseling or similar professional services in any jurisdiction ever been denied, limited, restricted, suspended, revoked, not renewed, or subject to probationary conditions, or have you voluntarily or involuntarily relinquished any such

license or registration or voluntarily or involuntarily accepted any such actions or conditions, or have you been fined or received a letter of reprimand or is such action pending? (*Example: disciplinary action by the Mississippi State Board of Examiners for Licensed Professional Counselors*)

NO YES IF, "YES," please provide full details and attach any documentation if applicable:

If, "Yes," please provide full details here. You may attach any additional documentation if applicable.

2. Have you ever been charged, suspended, fined, disciplined, or otherwise sanctioned, subjected to probationary conditions, restricted or excluded, or have you voluntarily or involuntarily relinquished eligibility to provide services or accepted conditions on your eligibility to provide services, for reasons relating to possible incompetence or improper professional conduct, or breach of contract or program conditions, by Medicare, Medicaid, or any public program, or is any such action pending?

NO YES

If, "Yes," please provide full details here. You may attach any additional documentation if applicable.

3. Have your clinical privileges, membership, contractual participation or employment by any public or private (a) medical, (b) mental health, or (c) educational/academic organization/group/facility: ever been denied, suspended, restricted, reduced, subject to probationary conditions, revoked or not renewed for possible incompetence, improper professional conduct or breach of contract, or is any such action pending?

NO YES

If, "Yes," please provide full details here. You may attach any additional documentation if applicable.

4. Have you ever surrendered, allowed to expire, voluntarily or involuntarily withdrawn a request for membership or clinical privileges, terminated contractual participation or employment, or resigned from any (a) medical, (b) mental health, or (c) educational/academic organization/group/facility while under investigation for possible incompetence or improper professional conduct, or breach of contract, or in return for such an investigation not being conducted, or is any such action pending?

NO YES

If, "Yes," please provide full details here. You may attach any additional documentation if applicable.

5. Have you ever surrendered, voluntarily withdrawn, or been requested or compelled to relinquish your status as a student in good standing in any practicum, internship, residency, fellowship, preceptorship, or other clinical and/or education program?

NO YES

If, "Yes," please provide full details here. You may attach any additional documentation if applicable.

6. Has your membership or fellowship in any local, county, state, regional, national, or international professional organization ever been revoked, denied, reduced, limited, subjected to probationary conditions, or not renewed, or is any such action pending?

NO YES

If, "Yes," please provide full details here. You may attach any additional documentation if applicable.

7. Have you been denied certification/recertification by a specialty and/or professional board, or has your admissibility, certification or recertification status changed (other than changing from admissible to certified)?

NO YES

If, "Yes," please provide full details here. You may attach any additional documentation if applicable.

8. Have you ever been convicted of any crime (other than a minor traffic violation)?

NO YES

If, "Yes," please provide full details here. You may attach any additional documentation if applicable.

9. Are you currently engaged in the illegal use of drugs? (Illegal use of drugs means the use of controlled substances, obtained illegally, as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the direction of a licensed health care practitioner. Currently does not mean on the day of or even the weeks preceding the completion of this application, rather, it means recently enough so that the illegal use may have an impact on one's ability to practice.):

NO YES

If, "Yes," please provide full details here. You may attach any additional documentation if applicable.

10. Have any judgments or claims been entered against you, or settlements been agreed to by you within the last five (5) years, in professional liability cases, or are there any filed and served professional liability lawsuits/arbitrations against you pending?

NO YES

If, "Yes," please provide full details here. You may attach any additional documentation if applicable.

11. To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank?

NO YES

If, "Yes," please provide full details here. You may attach any additional documentation if applicable.

12. To your knowledge, has information pertaining to you ever been reported to the Mississippi State Board of Examiners for Licensed Professional Counselors?

NO YES

If, "Yes," please provide full details here. You may attach any additional documentation if applicable.

13. Has your professional liability insurance ever been terminated, not renewed, restricted, or modified (e.g., reduced limits, restricted coverage, surcharged), or have you ever been denied professional liability insurance, or has any professional liability carrier provided you with the written notice of any intent to deny, cancel, not renew, or limit your professional liability insurance or its coverage of any procedures?

NO YES

If, "Yes," please provide full details here. You may attach any additional documentation if applicable.

14. Do you have ownership in any (a) medical, (b) mental health, or (c) educational/academic organization/group/facility or related organization?

NO YES

If, "Yes," please provide full details here. You may attach any additional documentation if applicable.

VIII. QUESTIONS SPECIFIC TO YOUR DESIRE/INTENT TO SERVE ON THE LPC BOARD

1. What has it meant to you to be an LPC?

Click here to enter text.

2. What are the most significant issues facing the LPC profession today?

Click here to enter text.

3. The LPC Board is a working board that requires a commitment of time and energy. How do you see these requirements fitting into your other roles and responsibilities?

Click here to enter text.

4. What skills and abilities do you possess that will make you an effective member of the LPC Board?

Click here to enter text.

5. Describe your leadership style, and provide examples that exemplify your style.

Click here to enter text.

6. What issues would you like to affect change on in your role on the LPC Board?

Click here to enter text.

IX. REFERENCE INFORMATION AND SUBMISSION INFORMATION

Please list the name, phone number, email address for your three (3) references:

1. Reference

Name:	First, Middle, Last	County of	County
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		Residence		
Mailing Address:	Street or PO Box	City.	ST	Zip
Office Phone:	Phone & Ext.	Home/Cell Phone:	Phone & Ext.	
Fax Number:	Fax #	Email address:	Email	

2. Reference

Name:	First, Middle, Last	County of Residence	County	
Mailing Address:	Street or PO Box	City.	ST	Zip
Office Phone:	Phone & Ext.	Home/Cell Phone:	Phone & Ext.	
Fax Number:	Fax #	Email address:	Email	

3. Reference

Name:	First, Middle, Last	County of Residence	County	
Mailing Address:	Street or PO Box	City.	ST	Zip
Office Phone:	Phone & Ext.	Home/Cell Phone:	Phone & Ext.	
Fax Number:	Fax #	Email address:	Email	

XI. SUBMISSION PROCESS

(Note: ALL DOCUMENTS must be submitted in MSWord or PDF Format)

- 1) Print and complete the Submission Application and send in an email to the MCA Executive Director, Carolyn Anderson at carolyn.anderson@mscounselor.org or my mail to

Mailing Address:

Mississippi Counseling Association
 Attn: Executive Director
 PO Box 353
 Long Beach, Mississippi 39560

- 2) Be sure to include the required documentation listed below:
 - a. **Application**
 - b. Typed responses to **Questions Specific To Your Desire/Intent**
 - c. **A copy of an up-to-date Curriculum Vitae**
- 3) Please provide your three references with the questionnaire to be completed and sent to the MCA contact by the reference.

APPLICATION FOR APPOINTMENT
MISSISSIPPI STATE BOARD OF EXAMINERS FOR LICENSED PROFESSIONAL
COUNSELORS:
REFERENCE INFORMATION and QUESTIONNAIRE

I. Enter Name of Applicant has listed you as a reference for their application to be appointed on the Mississippi Licensed Professional Counselors Board of Examiners.

II. Reference Contact Information:

Name:	First, Middle, Last	County of Residence	County
Mailing Address:	Street or PO Box	City,	ST Zip
Office Phone:	Phone & Ext.	Home/Cell Phone:	Phone & Ext.
Fax Number:	Fax #	Email address:	Email

Please provide the following information:

- A. Employer: [Click here to enter text.](#)
- B. Position/Title Held: [Click here to enter text.](#)
- C. Please provide the details of your relationship to and number of years you have known applicant:
[Click here to enter text.](#)
- D. Please list all relevant Professional Degree(s) and/or Certifications Held:
[Click here to enter text.](#)

IV. REFERENCE QUESTIONNAIRE

A. Please mark your responses to the following questions:

- 1) The candidate is committed and conscientious in professional endeavors.
- Strongly Disagree Disagree Neutral Agree Strongly Agree

- 2) The candidate has a grasp on the current issues facing the LPC profession.
 Strongly Disagree Disagree Neutral Agree Strongly Agree
- 3) The candidate can be depended upon to follow through with professional commitments.
 Strongly Disagree Disagree Neutral Agree Strongly Agree
- 4) The candidate has demonstrated the ability to lead within the counseling profession.
 Strongly Disagree Disagree Neutral Agree Strongly Agree
- 5) The candidate can be firm and assertive when necessary.
 Strongly Disagree Disagree Neutral Agree Strongly Agree

B. Please write a brief statement for the following questions.

1. What strengths and abilities does the candidate possess that will make her/him an effective LPC Board member?

[Click here to enter text.](#)

2. Describe the candidate's leadership style. Provide examples that exemplify the candidate's leadership style.

[Click here to enter text.](#)

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