

LICENSE RENEWAL NOTICE

From: July 1, 2019

To: June 30, 2021

All Renewals can be sent by US Mail OR completed online (preferred method).

THE ONLINE INSTRUCTIONS FOR ONLINE SUBMISSION OF ALL FORMS & PAYMENT CAN BE LOCATED ON THE WEBSITE:
ABEC.STATESOLUTIONS.US

If you choose to renew by mail, you MUST return all items 1 – 6 listed below in one packet to the board office. **RENEWALS WILL NOT BE PROCESSED IF ITEMS ARE SENT SEPARATELY BY MAIL. DELAYS AND LATE PENALTIES CAN BE AVOIDED BY USING THE ONLINE RENEWAL PROCESS AND SUBMITTING FORMS & PAYMENT ELECTRONICALLY BEFORE MAY 31, 2019**

- 1. This Renewal Notice: signed and dated and must be returned to Board office or license will not be renewed.
- 2. Continuing Education Report – **DO NOT SEND OLD / OUTDATED FORMS. Use the form supplied on website.**

(Minimum: 3 hours ethics, 21 hours general counseling clearly indicating 6 hours for each specialty license you hold)

- 3. Revised Statement of Intent, dated July 1, 2019
- 4. If applicable, include any change of address, phone, email, etc
- 5. Revised C.2.h. Termination and Incapacitation Plan if you have any changes from the one currently on file.
- 6. Biennial Renewal Fee: **LAC or LAMFT Fee \$250 LPC or LMFT Fee \$300 Dual LAC/LAMFT \$400 Dual LPC/LMFT \$450**

Renewal packets posted AFTER May 31, 2019 (electronic date or stamp date) will be subject to a late fee of \$100 per month late. The Board needs time to process the volume of renewals prior to the expiration date of licensure.

Your license expires, effective midnight, June 30 of year marked on your wallet card. If not reinstated in twelve (12) months, you must apply as a new applicant and meet all current requirements. **Practice without a valid license is in violation of Arkansas Code Annotated 17-27-101 et seq.** The license must be renewed or converted to non-practicing status to avoid violating the law.

The licensed counselor or marriage & family therapist has the sole and exclusive responsibility to ensure that all renewal fees and documents are received by the board.

I agree that by submitting this form and my payment to ARBOEC: (a) I understand the ARBOEC continuing education requirements for the license and any specialty license (if applicable) I hold; (b) I understand the current ACA or AAMFT Code of Ethics and the ARBOEC Rules and (c) I will report to ARBOEC within sixty (60) days any legal and professional matters, (complaints or other similar actions) directly or indirectly involving me. I accept responsibility for keeping myself aware of the most current requirements pertaining to (a) and (b) above.

Date _____ **Print** name _____
(Full legal name)

Signature _____ **License #(s)** _____
(Legible full legal name)

Arkansas Code Annotated 17-27-307. Renewal.

Biannually at the time of renewal, counselors and licensed marriage and family therapists licensed under this chapter shall be required to submit a license renewal fee to be established by the Arkansas Board of Examiners in Counseling. (2)(A) Failure to pay the biannual renewal fee within the time stated shall automatically suspend the right of any licensee to practice while delinquent. (B) The lapsed license may be renewed within a period of one (1) year after payment of all fees in arrears. (b) No license shall be renewed unless the renewal request is accompanied by evidence satisfactory to the board of the completion during the previous twenty-four (24) months of relevant professional or continued educational experience. (c) If any licensed professional counselor, licensed associate counselor, licensed marriage and family therapist, or licensed associate marriage and family therapist duly licensed under this chapter by virtue of additional training and experience is qualified to practice in a specialty other than that for which he or she was deemed competent at the time of initial licensing and wishes to offer service under the provisions of this chapter, he or she is required to submit additional credentials and he or she is to be given the opportunity to demonstrate his or her knowledge and application thereof in areas deemed relevant to his or her specialty.

**Make check payable to:
ABOEC
Arkansas Board of Examiners in Counseling
101 East Capitol, Suite 202
Little Rock, AR 72201**