Minnesota Board of Behavioral Health and Therapy

LPC AND LPCC MAILING LIST REQUEST FORM

Place an "X" next to each type of list you wish to order and the format you would like the lists delivered to you. Mail the form to the address listed below *with your check or money order* in the total amount for all of the items you are requesting. Please *make your check or money order payable to: Board of Behavioral Health and Therapy*. Do not send cash. *Payment is non-refundable*

Check Type of List

____ Active LPCs/LPCCs...…….$15.00

Information included: licensee's first and last name, license number, license status, license issue date, license expiration date, and public address

____ Approved Supervisors...……$10.00

Information included: supervisor's first and last name and public address

Check Format

____ Excel list by email

____ Hard copy by U.S. mail

Name of Requestor: _____

Mailing Address: _____

_____

_____

Email Address: _____ **Phone Number:** _____

Signature: _____ **Date:** _____

2829 University Ave SE, Suite 210, Minneapolis MN 55414
612-548-2177 www.bbht.state.mn.us

MN Relay Service for Hearing or Speech Impaired: 1-800-627-3529
AN EQUAL OPPORTUNITY EMPLOYER