



Minnesota Board of Behavioral Health and Therapy

3rd Party Request: LPC or LPCC License Verification

Your Name: _____

Your Phone: _____

Your Address: _____

I am requesting the following license verifications:

	Name of LPC or LPCC Licensee:	LPC/LPCC License Number:
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Total LPC Verifications: _____ X \$25.00 each =

Total Amount Enclosed:

\$

Please make your check or money order payable to: **Minnesota Board of Behavioral Health & Therapy**

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