



Minnesota Board of Behavioral Health and Therapy

Licensed Professional Counselor or Professional Clinical Counselor
Request for a Duplicate License Card or License Certificate

Your LPC or LPCC License Number: _____

Your Name: _____

Your Phone: _____

I am requesting the following:

- I would like _____ duplicate license card(s) @ \$25.00 each
Includes a 4.5 x 3.5 inch renewal card (lists the most current issue date and expiration date for your license) and a wallet-sized card
- I would like _____ duplicate wall certificate(s) @ \$25.00 each
Includes one 8.5 x 11 inch certificate, listing the original/initial licensure date and signed by the board chair and vice chair

Please mail the license card(s) and/or wall certificate(s) to the following address:

Please note that license cards and wall certificates are processed differently. You may receive two separate mailings if you ordered both. Additionally, wall certificates must be signed at a public meeting of the Board and may take a few months to receive. The board meets quarterly.

Name: _____

Address: _____

Total of duplicate license cards & certificates: _____ X \$25.00 each =

Total Amount Enclosed:
\$

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

Signature: _____	Date: _____
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