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. Payment is non-refundable.

Check desired mailing list type:

____ 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

____ LPC/LPCC Approved Supervisors……………………………………….$10.00

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

____ Active LADC's .................................................................$15.00

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

Check desired format for mailing list:

____ Excel list by email

____ Hard copy by U.S. mail

Name of Requestor: __________________________________________________________

Mailing Address:  ______________________________________________________________

____________________________________________________________

____________________________________________________________

Email Address: _______________________________ Phone Number: ________________

Signature: ___________________________________________ Date: _________________