

Please list the name of the individual who recommended you join LPCANC: _____

Code of Ethics & Standards Agreement. Please sign below as appropriate (*No agreement required for Associate Membership*):

I, as a **Professional Member LPCANC**, agree to adhere to the Code of Ethics and Standards of Practice set forth by the North Carolina Board of Licensed Professional Counselors. I certify that I am a LPC in good standing with NCBLPC and that the information provided is accurate to date.

Signature _____ Date _____

I, as a **Student Member of LPCANC**, certify that I am a student in good standing in a counseling related graduate education program at (Name of Institution) _____

Your Signature _____ Date _____

To qualify for student membership, applicant must mail (address below), email or fax a copy of their current student ID or transcript to 888-287-1403 or info@lpcanc.org. An application will not be considered valid until one of these is received.

If you wish to be listed in the Referral Directory, please provide the following information and be sure to indicate address preference on the front of this application:

Licenses/Certifications: _____

Check all that apply to your practice:

Population Groups			
<input type="checkbox"/> Adolescents	<input type="checkbox"/> Couples	<input type="checkbox"/> Gay/Lesbian/Bi	<input type="checkbox"/> Military
<input type="checkbox"/> Adults	<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Physically Disabled
<input type="checkbox"/> Children	<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Latino	<input type="checkbox"/> Transgendered
<input type="checkbox"/> College Age			

Types of Counseling			
<input type="checkbox"/> Behavior Mod.	<input type="checkbox"/> Dialectical Behavioral	<input type="checkbox"/> Expressive Arts	<input type="checkbox"/> Insight Oriented/Psychodynamic
<input type="checkbox"/> Biofeedback	<input type="checkbox"/> Distance Counseling	<input type="checkbox"/> Family	<input type="checkbox"/> Play Therapy
<input type="checkbox"/> Body Psychotherapy	<input type="checkbox"/> Educational	<input type="checkbox"/> Gestalt	<input type="checkbox"/> Reality Therapy
<input type="checkbox"/> Career	<input type="checkbox"/> EMDR	<input type="checkbox"/> Group Counseling	<input type="checkbox"/> Religious
<input type="checkbox"/> Cognitive Behavioral	<input type="checkbox"/> Employee Assistance	<input type="checkbox"/> Hypnotherapy	<input type="checkbox"/> Solution focused/Brief Counseling
<input type="checkbox"/> Depth Psychotherapy			

Specialties / Areas of Expertise			
<input type="checkbox"/> Abuse History	<input type="checkbox"/> Divorce	<input type="checkbox"/> Marriage	<input type="checkbox"/> Smoking
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> DMV/DWI Assess	<input type="checkbox"/> Men's Issues	<input type="checkbox"/> Spirituality
<input type="checkbox"/> Adoption	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Mood Disorders	<input type="checkbox"/> Stress
<input type="checkbox"/> Adjustment/ Transitions	<input type="checkbox"/> Drug Abuse/Addiction	<input type="checkbox"/> Obsessive/Compulsive Behaviors	<input type="checkbox"/> Substance Abuse/Addiction
<input type="checkbox"/> Aging	<input type="checkbox"/> Dual Diagnosis	<input type="checkbox"/> Panic	<input type="checkbox"/> Suicide
<input type="checkbox"/> Anger Management	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Parenting	<input type="checkbox"/> Supervision
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Family	<input type="checkbox"/> Phobias	<input type="checkbox"/> Trauma
<input type="checkbox"/> Attachment	<input type="checkbox"/> Gambling	<input type="checkbox"/> PTSD	<input type="checkbox"/> Wellness
<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Grief/Loss	<input type="checkbox"/> Rape	<input type="checkbox"/> Women's Issues
<input type="checkbox"/> Consultation	<input type="checkbox"/> Illness	<input type="checkbox"/> Relationships	
<input type="checkbox"/> Crisis	<input type="checkbox"/> Internet Addiction	<input type="checkbox"/> Relaxation	
<input type="checkbox"/> Disability	<input type="checkbox"/> Life Skills	<input type="checkbox"/> Sexual Functioning	

Mail to LPCANC ▪ c/o Blue Star Services ▪ 1829 East Franklin Street – Suite 600 ▪ Chapel Hill, NC 27514 ▪ Fax to 919.278.2647

Questions? Call 919.414.4817