



**South Carolina Department of Labor, Licensing and Regulation
 South Carolina Board of Examiners for Licensure of
 Professional Counselors, Marriage and Family
 Therapists, Addiction Counselors
 and Psycho-Educational Specialists**



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www.llr.sc.gov/POL/Counselors/

NAME CHANGE REQUEST FORM

Please submit a legible copy of legal documentation supporting your name change with this form signed and dated. (Marriage license, divorce decree, etc.) You may send this form and supporting documents to the Counselors Board via mail or fax at the above addresses.

If you want a new pocket-card or wall certificate reflecting this name change, submit the required documentation along with the applicable fee (check or money order), made payable to the **SC Board of Counselors** to the P.O. Box listed above. Or you may visit <http://www.llronline.com/POL/Counselors/> after your name change has been made and print a copy of your license free of charge.

Indicate below for a new pocket card or wall certificate and remit the payment. *Name Change ONLY is no charge.

___ Wall Certificate \$25 ___ Pocket-card \$10

Type of License and License Number(s): _____

- | | | | |
|------------------------------------------------|-------------------------------------------------|-------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> LPC Associate license | <input type="checkbox"/> LMFT Associate license | <input type="checkbox"/> Re-activation of | <input type="checkbox"/> LAC by Grandfathered |
| <input type="checkbox"/> LPC by endorsement | <input type="checkbox"/> LMFT by endorsement | <input type="checkbox"/> a lapsed license | |
| <input type="checkbox"/> LPC Supervisor | <input type="checkbox"/> LMFT Supervisor | <input type="checkbox"/> LPES license | |
| <input type="checkbox"/> Transfer to LPC | <input type="checkbox"/> Transfer to LMFT | | |

Current Name: _____
 First/Middle/Last

New Name and Current Home Address:

 First/Middle/Last

_____ Street Address City/State/Zip

() _____ () _____
 Home Phone Number Cell Phone Number Email Address

New Mailing Address:

 Street Address City/State/Zip

I certify that the above information is true and correct.

Signature of Licensee: _____ **Date:** _____