Henry D. McMaster
Governor

Emily H. Farr
Director

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

110 Centerview Drive
Post Office Box 11329
Columbia, SC 29211-1329
Phone: (803) 896-4658
FAX: (803) 896-4719

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): _____

- ☐ LPC Associate license
- ☐ LPC by endorsement
- ☐ LPC Supervisor
- ☐ Transfer to LPC
- ☐ LMFT Associate license
- ☐ LMFT by endorsement
- ☐ LMFT Supervisor
- ☐ Transfer to LMFT
- ☐ Re-activation of a lapsed license
- ☐ LPES license
- ☐ LAC by Grandfathered

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:** _____