

INTERN EXTENSION FORM

Due to circumstances beyond my control, I have been unable to complete the supervisory and/or experience requirements to qualify me for the Professional Counselor OR Marriage & Family Therapist license. A 24-months extension to my current license is needed in order to allow me time to complete these requirements.

I understand that an extension fee of \$150.00 is applicable and has been included with this request. Inasmuch as my Plan for Clinical Supervision is now out-of-date, I am furnishing an updated Plan signed by my supervisor.

_____	_____	_____
Licensee Name	License #	Expiration Date
_____	_____	_____
Date	Signature	

CURRENT MAILING ADDRESS INFORMATION:

_____	_____
Current Mailing Address	City/State/Zipcode
_____	_____
Home Telephone #	E-Mail Address

CURRENT BUSINESS ADDRESS INFORMATION:

_____	_____
Current Employer	Business Address:
_____	_____
City/State/Zipcode	Business Phone:

A check or money order made payable to SC Board of Counselors should be mailed to:
SC Board of Professional Counselors
P O Box 11329
Columbia, SC 29211-1329

You must submit the following: Extension form, updated Plan for Clinical Supervision form, letter with brief explanation and \$150.00 extension fees

Office Use Only	
Fee Pd. \$	_____
Check #	_____
Date Rec'd	_____