THE CENTER

For Counseling and Wellness

PROFESSIONAL DISCLOSURE STATEMENT

# Robert B. Carter, LMFT/S, RPT/S, Ed.S, LAC

Licensed Marriage and Family Therapist (LMFT): SC License #4560

Licensed Marriage and Family Therapist Supervisor (LMFT/S): SC License #4647

Licensed Addiction Counselor (LAC): SC License #6

# FORMAL PROFESSIONAL EDUCATION:

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| University | Degrees Received | Dates Attended |
| University of South Carolina | B.S. Business Administration | 1962-1967 |
| University of South Carolina | M. Ed Vocational Rehabilitation | 1974-1978 |
| Erskine College | M. Div Religion | 1990-1998 |
| Converse College | Ed.S Marriage and Family Therapy | 2008-2010 |

**AREAS OF COMPETENCE**:

Personal and social counseling, marriage and premarital counseling, family counseling, play therapy, mental health counseling, mood disorders, anxiety disorders, group counseling, consulta8on, supervision and employee assistance counseling.

# AREAS OF SPECIALIZATION AND PRACTICE:

Licensed Addiction Counselor

Licensed Marriage and Family Therapist/Supervisor (AAMFT Approved Supervisor) Registered Play Therapy Supervisor

Member South Carolina Association for Play Therapy

Member American Association of Marriage and Family Therapists Member American Counseling Association

Member SC Board of Examiners for Licensed Professional Counselors, Marriage and Family Therapists, and Psycho- Educational Specialists

Fee Schedule: $140 per clinical hour, $180 per Intake Assessment; Sliding Fee Scale: $75 - $140

This document is mandated by both South Carolina State law and Public Law 104-191 for your protection. Rights and procedures to file a complaint: If you feel you have been treated in an unethical manner by Robert B Carter while a client at The Center for Counseling and Wellness, Inc., it is your right to file a complaint with the Board of Examiners for Licensure of Professional Counselors and Marital and Family Therapists; 3600 Forest Dr., Suite 101, PO Box 11326, Columbia, SC 29211-1139; Telephone 803-896-4658, Fax 803-734-4284. Your signature on the signature page indicates that you have read, understood, and a copy of this document has been made available to you at your request.

This information is required by the state of South Carolina Department of Labor, Licensing & Regulation Board of Examiners for Counselors, Therapists & Psycho-Educational Specialists which regulates all licensed and registered counselors and social workers.

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