

EDUCATION [Qualifying Degree]: I hold the following graduate degree in counseling, marriage and family therapy, or a comparable degree:

Degree/Major: _____ Date granted: _____

From [College or University]: _____

I also hold the following academic degrees:

Degree _____ University _____ Date granted _____

Degree _____ University _____ Date granted _____

National Accreditation?

CACREP

CORE

COAMFTE

If your graduate program is not nationally accredited or approved by the Oregon Board of Licensed Professional Counselors and Therapist (see the Board's website at www.oregon.gov/obl/pct for a list of the approved programs), please submit Form #6A with original signature by a graduate school representative and attachments. Form #6A with course description may be submitted directly from the school or included with this application.

If you are claiming graduate coursework from outside the degree program, have the school send the transcript directly to the Board office. Submit copies of course descriptions for claimed coursework with this Form #1 and list them below:

Course No. & Title

Name of College

_____	_____
_____	_____
_____	_____
_____	_____

The graduate school must send an official transcript directly to the Board office:

Oregon Board of Licensed Professional Counselors & Therapists
3218 Pringle Road SE, Suite 250
Salem, Oregon, 97302-6312.

LICENSES & CERTIFICATIONS: I hold the following state license and/or national certification as a counselor or therapist:

Type of License

State

Date Issued

_____	_____	_____
_____	_____	_____
_____	_____	_____

EXAMINATION:

All applicants for licensure must pass a national competency exam or equivalent within ten (10) years of the date of this application.

Check here if an **official verification of passage of a Board-approved competency exam is being sent directly** to the Board. Use Form #3 unless exam service provides a similar form. Please list exam information.

Name of exam

Date taken

Certification: Read and answer the following questions carefully. Explain Yes responses on attachment.

YES NO

1. Have you ever been the subject of a complaint to a professional organization, association, licensing board or agency?
2. Have you ever received a disciplinary sanction under any professional license or certification?
3. Have you ever voluntarily surrendered a license to practice?
4. Has any professional licensing authority refused to issue, refused to renew, or denied you a license to practice a health care profession?
5. Have you ever been named as a defendant in a lawsuit or other legal action?
6. Are you aware of any current, proposed, pending or threatened professional complaints or civil or criminal action against you?
7. Do you have any condition that in any way impairs or may impair your capacity to perform the duties of a counselor or marriage and family therapist with reasonable skill and safety?
8. Have you been found in any civil, administrative, or criminal proceeding to have possessed, used, or distributed controlled substances or prescription drugs?
9. Have you ever been cited, arrested for, charged with or convicted of the commission of any crime, offense or violation of the law in any state or by the federal government even if those charges were dismissed?

Race, Ethnicity, and Language Skills (Please check one – this is voluntary, not required)

- American Indian/Alaska Native
- Asian
- Black/African American (not of Hispanic origin)
- Hispanic/Latino
- Native Hawaiian/Other Pacific Islander
- White/Caucasian (not of Hispanic origin)
- Other: _____
- Ethnicity: _____
- Languages: _____

I certify that all representations made in this application are true and correct to the best of my knowledge. I understand that my failure to provide complete and accurate information on my application forms may result in civil penalty, denial, or suspension or revocation of licensure.

X _____
Signature of Applicant (required)

Date