

State of Oregon
BOARD OF LICENSED PROFESSIONAL COUNSELORS & THERAPISTS
APPLICATION FOR INTERN REGISTRATION RENEWAL

ANNUAL RENEWAL FEE: \$80.00

OFFICIAL MAILING ADDRESS (Board use only)

Name: _____
Mailing _____
Address: _____

Mail To: Bd of Counselors and Therapists
Unit 14, PO Box 4395
Portland, OR 97208-4395

Confidential – Check here if you want your mailing address (above) to be confidential.

Registration No: _____ **Registration Type (LPC or LMFT):** _____

- Check the Official Mailing, Primary and Additional Place(s) of Practice, Residence and Email addresses and correct as necessary.
- If you use a PO Box, a physical location address is also needed.
- If you list more than one practice address, the Primary Practice will be used for directory use.
- Please answer the questions on the back of this form.

PRIMARY SUPERVISOR AND PLACE OF SUPERVISED PRACTICE:

Supervisor Name _____

Business Name _____

Street _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email address _____

ADDITIONAL PRACTICE ADDRESSES (include additional page(s) if necessary)

Business Name/Address	City/State/Zip	Country	Phone
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RESIDENCE ADDRESS: Confidential – Check here if you want your home address to be confidential.

Street _____

City _____ State _____ Zip _____

Phone _____ Email address _____

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 self-regulated professional organization, licensing board or agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever received a disciplinary sanction under any professional license or certification? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever voluntarily surrendered a license to practice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has any professional licensing authority refused to issue, refused to renew, or denied you a license to practice a health care profession? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been named as a defendant in a lawsuit or other legal action? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you aware of any current, proposed, pending or threatened professional complaints or civil or criminal action against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you been found in any civil, administrative, or criminal proceeding to have possessed, used, or distributed controlled substances or prescription drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |

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: _____

SWORN STATEMENT:

I swear/affirm that all information on the application for renewal is correct. I am in compliance with the licensing law and rules; and there is no reason for denial of the intern registration renewal. If practicing in Oregon, I affirm that I distribute a PDS (unless I have an exemption) and that all content on the PDS is accurate.

Signature (required)

Date (required)