

**State of Oregon**  
**BOARD OF LICENSED PROFESSIONAL COUNSELORS & THERAPISTS**  
**LICENSE RENEWAL APPLICATION**

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**OFFICIAL MAILING ADDRESS (Board use only)**

**RENEWAL FEE:** \$125.00

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.

**License No:** \_\_\_\_\_ **License Type:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

- Check the Official Mailing, 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.
- If you are not providing counseling or therapy, enter “Not Practicing” under Practice Address.
- If practicing in Oregon, an updated PDS is required for every practice listed below (unless exempted).
- Please answer the questions on the back of this form.

**PRIMARY PRACTICE ADDRESS:**

Business Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email address \_\_\_\_\_

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

<b>Business Name/Address</b>	<b>City/State/Zip</b>	<b>Country</b>	<b>Phone</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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 license 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)**