

Form #4: VERIFICATION OF LICENSURE [print or type]

Oregon Applicant: Complete this section authorizing release of information by another state licensing program and mail this form and any necessary fees to the appropriate state agency.

Name: _____ **Lic. / Cert./Candidate No.** _____

I hereby authorize the release of information to the Oregon Board of Licensed Professional Counselors and Therapists.

Signature

Date

TO BE COMPLETED BY STATE IN WHICH THE ABOVE INDIVIDUAL IS LICENSED

1. State of licensure: _____ Title of license: _____

2. The name of the licensee, as shown in your records: _____

3. The license number is: _____ First issue [date]: _____

4. At the present time is this license: Current? Yes No Active? Yes No

5. Name of exam passed to obtain this license: _____ Date Taken: _____

6. Has the licensee ever received disciplinary action? YES (If YES, please explain.) NO

7. REQUIREMENTS FOR LICENSE AT THE TIME THIS INDIVIDUAL WAS FIRST LICENSED:

EDUCATION

Degree: _____ In: _____

EXPERIENCE

Years of supervised work experience: _____ Hours of post-degree direct service: _____

EXAM

Was passage of an exam required as a condition of licensure? Yes No

➡ A COPY OF THE LICENSE REQUIREMENT RULES FOR THE INITIAL YEAR MUST BE ATTACHED.

Was this license issued by:

Reciprocity Yes No

Portability Yes No

Mutual recognition Yes No

Recognition of non-governmental professional certification or membership Yes No

Grand parenting Yes No

Waiver of education, examination, or experience requirements Yes No

Signature of Person Completing Form and Official Title

Date

Printed Name and Title

*Affix Board
Seal Here*

Agency / Organizational Name

Address: _____

Phone: _____

Please return form to:

Oregon Bd. of Licensed Professional
Counselors & Therapists
3218 Pringle Rd SE #250
Salem, OR 97302-6312
[503] 378-5499