

State of Oregon
BOARD OF LICENSED PROFESSIONAL COUNSELORS &
2008-2009 LICENSE RENEWAL APPLICATION

ANNUAL RENEWAL FEE and LATE FEES

\$125 - if application is complete and postmarked on or before April 1, 2008.
\$175 - if application is incomplete or postmarked after April 1, 2008.

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:

License No: _____ **License Type:** _____

- Check the Official Mailing, Practice, Residence and E-mail 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 be sure to complete the Continuing Education Report (other side of this document)

PRIMARY PRACTICE ADDRESS:

Business Name _____
Street _____
City _____ State _____ Zip _____
Phone _____ Fax _____

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

Business Name/Address	City/State/Zip	Country	Phone
-----------------------	----------------	---------	-------

RESIDENCE ADDRESS: Confidential - Check here if you want your home address to be confidential:

Street _____
City _____ State _____ Zip _____
Phone _____

EMAIL ADDRESS: _____

SWORN STATEMENT:

I swear/affirm that all information on this application for renewal is correct. I am in compliance with the licensing laws and rules; and that 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)