



**CONTINUING EDUCATION REPORT FOR RE-LICENSURE**

**Instructions:** Fill in the following form. You must list at least 40 clock hours completed within two years (24 months) of application for re-licensure. Indicate ethics (min. 6), cultural competency (min. 4), and supervision (min. 3 for supervisors) in the training description field. Attach an additional sheet if necessary. Complete CE rules and guidelines can be found at Oregon.gov/OBLPCT. If you are selected for random audit, you will need to provide documentation for CE claimed on this form, and CE completed through the remainder of your period. ***Do not attach or include documentation.***

**COURSEWORK/TRAINING ATTENDED:**

Date	Program Title	Training Description	Training Sponsor	Clock Hours
mo/day/yr	Name of presentation, seminar, or course	Brief description	Name or organization, school, individual	hours

**Educ. Clock Hours Completed & Claimed:** \_\_\_\_\_

**APPLICATION FILING INSTRUCTIONS:**

Submit the following using one envelope addressed to: Oregon Board of Licensed Professional Counselors & Therapists, 3218 Pringle Road SE, Suite 120, Salem, Oregon 97302-6312

- This completed and signed Application for Re-Licensure Form
- \$380.00 re-licensure fee
- Typed [Professional Disclosure Statement](#) reflecting places(s) of practice.
- Completed [Laws & Rules Exam](#)
- Fingerprints for Criminal Background check ([Instructions](#)).

**Certification:** Read and answer the following questions carefully. Submit a complete explanation of any “**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"/> |

**SOCIAL SECURITY NUMBER REQUIRED**

As part of your application for an initial certificate or license, or renewal of same, issued by the Oregon Board of Licensed Professional Counselors and Therapists, you are required to provide your Social Security Number to this agency. This is mandatory. The authority for this requirement is ORS 25.785 Child Support Enforcement, ORS 305.385 Revenue, 42 USC § 405(c)(2)(C)(i), and 42 USC § 666(a)(13). Although a number other than your Social Security Number appears on the face of the certificate or license issued by the Oregon Board of Licensed Professional Counselors and Therapists, your Social Security Number will remain on file with this agency.

Failure to provide your Social Security Number will be a basis to refuse to issue or renew the certificate or license you seek. This record of your Social Security Number will be used for child support enforcement and tax administration purposes [including identification] only, unless you authorize other uses of the number. It will also be used to report any final adverse actions against you by the Board to the United States Department of Health and Human Services as required by 42USC § 1320a-7e and 45 CFR 61.7.

**VOLUNTARY CONSENT TO DISCLOSURE OF SOCIAL SECURITY NUMBER**

Oregon Revised Statutes authorizes the Oregon State Board of Licensed Professional Counselors and Therapists to request that you voluntarily provide your Social Security Number to this agency for use as an identification number *in maintaining records, reporting grades or exam scores, collection purposes, or for verification of licensure, employment, and / or insurance*. Failure to provide your Social Security Number for these purposes will not be used as a basis to deny you any right, benefit or privilege provided by law. If you provide your Social Security Number and consent to this use, it will be used only for the purposes described above and not given to the general public. By signing this consent to disclose your Social Security Number, you authorize the Oregon Board of Licensed Professional Counselors and Therapists to disclose your Social Security Number to others if such disclosure is necessary for the purposes stated above.

I hereby consent to disclose my Social Security Number to the Oregon Board of Licensed Professional Counselors and Therapists for the use[s] described above.

**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