

**State of Oregon**  
**BOARD OF LICENSED PROFESSIONAL COUNSELORS & THERAPISTS**  
**2011 APPLICATION FOR INTERN REGISTRATION RENEWAL**

---

**ANNUAL RENEWAL FEE – \$80.00**

**OFFICIAL MAILING ADDRESS**

Name: \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**OFFICIAL EMAIL ADDRESS:**  Confidential – Check here if you want your email address 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 P.O. Box, a physical location address is also needed.
- If you list more than one practice address, the primary place of supervised practice will be used for the directory of licensees and interns.

**PRIMARY PLACE OF SUPERVISED PRACTICE:**

Supervisor Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**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 \_\_\_\_\_

**PLEASE ANSWER ALL THE QUESTIONS AND SIGN**

**Certification:** Read and answer the following questions carefully. Attach an explanation for any questions checked "YES".

**Since your most recent application or renewal:**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you 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 received a disciplinary sanction under any professional license or certification?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you 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 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 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)**