

State of Oregon
BOARD OF LICENSED PROFESSIONAL COUNSELORS & THERAPISTS
2012 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 this 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)

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

RESIDENCE ADDRESS: Your home address will be kept 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?
2. Have you received a disciplinary sanction under any professional license or certification?
3. Have you voluntarily surrendered a license to practice?
4. Has any professional licensing authority refused to issue, refused to renew, or denied you a license to practice a health care profession?
5. Have you been named as a defendant in a lawsuit or other legal action?
6. Are you aware of any current, proposed, pending or threatened professional complaints or civil or criminal action against you?
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?
8. Have you been found in any civil, administrative, or criminal proceeding to have possessed, used, or distributed controlled substances or prescription drugs?
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?

Race, Ethnicity, and Language Skills (Please check one. Providing this information is voluntary.)

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)