



**EDUCATION [Qualifying Degree]:** I hold the following graduate degree in counseling, marriage and family therapy, or a comparable degree:

Degree [Title]: \_\_\_\_\_ Date granted: \_\_\_\_\_

From [College or University]: \_\_\_\_\_

National Program Accreditation:  CACREP  CORE  COAMFTE

Regional Accreditation:  WASC  NWCCU  MSACS  NEASC  NCACS  SACS

I also hold the following academic degrees:

\_\_\_\_\_ in \_\_\_\_\_ from \_\_\_\_\_ Date granted: \_\_\_\_\_

\_\_\_\_\_ in \_\_\_\_\_ from \_\_\_\_\_ Date granted: \_\_\_\_\_

**Have the graduate school send an official transcript directly to the Board office:**

Oregon Board of Licensed Professional Counselors & Therapists  
3218 Pringle Road SE, Suite 250  
Salem, Oregon, 97302-6312.

**If your graduate program is not nationally accredited or approved by the Oregon Board of Licensed Professional Counselors and Therapists** (see the Board's website at [www.oregon.gov/obl/pct](http://www.oregon.gov/obl/pct) for a list of the approved programs), please submit Form #6A with original signature by a graduate school representative and attachments. Form #6A with course description may be submitted directly from the school or included with this Form #1.

If you are claiming graduate coursework from outside the degree program, have the school send the transcript directly to the Board office. Submit copies of course descriptions for claimed coursework with this Form #1 and list them below:

Course No. & Title

Name of School

<u>Course No. &amp; Title</u>	<u>Name of School</u>

**LICENSES & CERTIFICATIONS:** I hold the following state license and/or national certification as a counselor or therapist:

**Type of License**

**State**

Date issued: \_\_\_\_\_

Date issued: \_\_\_\_\_

Date issued: \_\_\_\_\_

**EXAMINATION:**

Check here if an **official verification of passage of a Board-approved competency exam is being sent directly** to the Board. The examination has to be within 10 years of the date of this application. Use Form #3 unless exam service provides a similar form. Please list exam documentation below.

\_\_\_\_\_  
Name of exam

\_\_\_\_\_  
Date taken

**Certification:** Read and answer the following questions carefully. Explain Yes responses on attachment.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Have you ever been the subject of a complaint and/or investigation of a professional organization, association, employer, educational program, training program, licensing board or agency for personal or professional misconduct? | <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 a defendant in a civil lawsuit, including malpractice or any other legal action?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you aware of any, current, proposed, pending or threatened professional complaints, 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 any crime, offense or violation of the law in any state or by the federal government even if those charges were dismissed or expunged?                         | <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: \_\_\_\_\_

**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

PLEASE NOTE THAT IF YOU APPLY FOR REGISTERED INTERNSHIP YOU MAY NOT START ACCRUING DIRECT CLIENT CONTACT HOURS UNTIL YOUR APPLICATION IS COMPLETE AND APPROVED BY THE BOARD.