Application
Oregon Board of Licensed Professional Counselors &Therapists*
3218 Pringle Road SE, Suite 120
Salem, OR 97302 ▪ lpct.board@oregon.gov

Total Application Fee - $216.25
(App.$175, CBC $41.25)
*Mail forms & fee via check or money order**

Code - 10800 44250 0486

APPLICATION

Please select an **APPLICATION** type:

[ ] License by Reciprocity
[ ] License by Direct Method
[ ] Registered Internship

Please select the type of **LICENSE**:

[ ] Professional Counselor

[ ] Marriage & Family Therapist

Currently licensed in: ______________________________

Name: ______________________________________ **Gender:** [ ] **F** [ ] **M**

[Last] [First] [M.I.]

Other Names Used:(maiden) ______________________ **Birth Date** ____ /____ /____ **SSN** ______--______--______

You are required to provide your Social Security Number (SSN) to the Oregon Board of Licensed Professional Counselors and Therapists as part of your application for an initial or renewed professional license. This record of your SSN will be used for child support enforcement, tax administration purposes (including identification) and criminal background checks only unless you authorize other uses. If any disciplinary action is taken against your license, your SSN will be reported to the federal National Practitioner Data Bank. Authority: ORS 25.785, ORS 305.385, USC Title 42, § 666(a)(13), Title IV of Public Law 99-660.

Have you ever applied for a license or internship with our Board prior to this application?
Yes [ ] No [ ]
If yes, under what name did you apply? ______________________________
What was the result? ______________________________

ADDRESSES:

Place[s] of Practice: List the name and address of *each current* place of practice. Attach additional pages if you need to. *If PO Box is used, include the location address.* Indicate one as your primary place of practice. These addresses are public information. If you are not practicing *at all*, you should enter "NOT PRACTICING" but may also list a work address and request it be used in the Board directory.

#1 Primary Practice
Business Name & Address ______________________________
____
Phone: [ ] ______________________________

#2 Business Name & Address ______________________________
____
Phone: [ ] ______________________________

Home Address: *If PO Box is used, include the location address.* This may not be left blank. Your home address will be kept confidential.

Home Address*:* ______________________________
______________________________ [ ] ______________
Phone

Official Mailing Address: **[ ] home address, [ ] place of practice**, **[ ] mail drop**, **[ ] a POB**
Agency Name [if applicable] ______________________________
Street Address & PO Box ______________________________
City**,** State, Zip ______________________________

Official E-Mail Address: ______________________________
Check to request confidentiality of e-mail address. [ ]

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 120
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/oblpct/Pages/Education.aspx* for the Graduate Program Requirements), please submit Graduate Degree Information Form with original signature by a graduate school representative and attachments. The Graduate Degree Information Form with course description may be submitted directly from the school or included with this Application.

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 *Application* and list them below:

Course No. & Title	Name of School

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

Type of License	State	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 *Examination Verification* 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 Y**es** 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?	☐	☐
2. Have you ever received a disciplinary sanction under any professional license or certification?	☐	☐
3. Have you ever 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 ever been named a defendant in a civil lawsuit, including malpractice or any other legal action?	☐	☐
6. Are you aware of any, current, proposed, pending or threatened professional complaints, 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 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?	☐	☐

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.