



BOARD OF LICENSED PROFESSIONAL COUNSELORS & THERAPISTS

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Oregon.gov/OBLPCT

Continuing Education (CE) Report

This form is required for:

- Reciprocity Method applicants who passed a competency exam 10 years or more prior to applying for licensure in Oregon and wish to document CE completion in lieu of retaking & passing an exam again;
- All Re-Licensure Method applicants; and
- All licensees who request to Reactivate their license from inactive status to active status.

Requirement:

You must report CE activities completed *within two years (24 months) prior to:*

- Your application or initial licensure (Reciprocity Method);
- Your application or initial licensure (Re-Licensure Method); or
- The requested date of reactivation (Reactivation).

Report:

List your programs in the table below. Your CE must total 40 clock hours and include ethics (min. 6), cultural competency (min. 4), suicide risk assessment, treatment and management (min. 2) and supervision (min. 3 for supervisors) as noted in the training description field.

Date	Program Title	Training Description	Training Sponsor	Clock Hours

I understand that my continuing education must comply with the requirements of [OAR Chapter 833, Division 80](#), and I must maintain evidence of completion for each program claimed above in accordance with these rules. The Board may request further information or documentation to clarify my request. I swear and affirm by my signature that all information provided in this form is true and correct.

Signature: _____ Date: _____

Submit form via [OBLPCT Portal](#) or email to lpct.board@mhra.oregon.gov