



**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 new application submission date (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), 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@oregon.gov](mailto:lpct.board@oregon.gov)