



## BOARD OF LICENSED PROFESSIONAL COUNSELORS & THERAPISTS

3218 Pringle Road, Ste. 120 | Salem, OR 97302

(503) 378-5499

LPCT.Board@MHRA.oregon.gov

Oregon.gov/OBLPCT

### Verification of Health Care License / Registration

**Instructions for Applicant:** Please complete the upper portion of this form and send it to the agency that issued your license or registration. That agency should complete and return the form directly to our physical or email address listed above. Licensing agencies may charge a fee to verify a license. Please check in advance to help expedite this process.

Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**Instructions for the Agency Providing Verification:** Please complete the lower section of this form regarding the applicant listed above. Official self-generated verification forms with the same information as below will also be accepted. List exam information only if applicable. Submit the completed form and any other materials directly to the physical office or email address above. Forms submitted by the applicant will be rejected.

Name of Licensee: \_\_\_\_\_

License Type: \_\_\_\_\_ Status: \_\_\_\_\_

License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Exam Type: \_\_\_\_\_ Date Taken: \_\_\_\_\_ Passing Score: \_\_\_\_\_ Licensee's Score: \_\_\_\_\_

Has this license ever been: *(Please provide an explanation or documentation for any "Yes" answer.)*

Yes / No

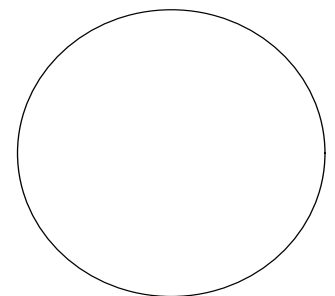
Denied

Suspended or Placed on Probation

Revoked or Surrendered

Disciplined

Reinstated



*Agency Seal*

Is this Licensee in good standing? Yes No

Jurisdiction Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Jurisdiction Official Name & Title: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Phone: \_\_\_\_\_