Colorado Division of Professions and Occupations
Office of Licensing—Addiction Counselor
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800 / Fax: (303) 894-7693
www.dora.colorado.gov/professions

REINSTATEMENT APPLICATION—ADDICTION COUNSELOR

APPLICANT INSTRUCTIONS

NEW Renewal Requirements. Beginning January 1, 2011 new renewal requirements apply to your certification/ license. Important details are available online at www.dora.colorado.gov/professions/addictioncounselors.

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as an Addiction Counselor in this state without a Colorado certification or license. Submission of this application does not guarantee certification/licensure. Therefore, do not make life or career decisions based on the probability that you may receive a certification/license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Registered Psychotherapists (previously known as "Unlicensed Psychotherapists"). Individuals who currently provide psychotherapy services, and/or are completing their experience and supervision for certification or licensure, are required to be registered in the Registered Psychotherapist Board Database pursuant to C.R.S. 12-43-702.5. It is the applicant's responsibility to comply with these requirements. Submission of a licensure or certification application does not exclude the applicant's responsibility to be registered in the database. Failure to be registered appropriately may result in applicant's inability to receive credit for supervision/experience hours accrued in Colorado.

Basic Requirements. Requirements are outlined in the Colorado Revised Statutes and the Addiction Counselor Rules for Certification and Licensure. Both are available online at www.dora.colorado.gov/professions/addictioncounselors.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, all applicants are required to complete and maintain an online Healthcare Professions Profile on our website at www.dora.colorado.gov/professions/hppp.

Mandatory Continuing Professional Competence. House Bill 09-1086 enacts a new requirement to demonstrate continuing professional competence for certain mental health professionals who apply to renew, reinstate, or reactivate their license or certificate on or after January 1, 2011. You may satisfy this requirement by one of the following methods: (1) Continuing Professional Development (CPD) Program administered by the Board; (2) Active Military Duty Exemption; or (3) Deem Status. Additional information on each method and which pertains to you is available at www.dora.colorado.gov/professions/addictioncounselors.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that one be mailed to you.

APPLICANT INSTRUCTIONS (Continued)

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, certifications, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Online Services at www.dora.colorado.gov/professions/onlineservices.

Certification/License Expiration Grace Period for Applicants. All applicants who are issued a certification/license within 120 days of the upcoming renewal expiration date will be issued a certification/license with the subsequent expiration date. For example, certifications/licenses issued between May 1, 2013 and August 31, 2013 will reflect a certification/license expiration date of August 31, 2015. Certifications/licenses issued prior to May 1, 2013 will reflect an expiration date of August 31, 2013 and must renew in the upcoming renewal period.

- All Addiction Counselor certifications/licenses expire on August 31 of odd-numbered years and must be renewed to continue practicing.

Checking Your Application Status. Visit Online Services at www.dora.colorado.gov/professions/onlineservices to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

APPLICANT CHECKLIST

To apply to reinstate your expired Colorado **Addiction Counselor** certification/license:

☐ **Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.

☐ **Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to *State of Colorado***. All fees are **non-refundable** and subject to change every July 1.

☐ **Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S .24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.

☐ **Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).

☐ **Complete an online Healthcare Professions Profile.** Once your application is received and entered into the Division of Professions and Occupations database, you must create a Healthcare Professions Profile on our website at www.dora.colorado.gov/professions/hppp. You may begin checking the Healthcare Professions Profiling Program (HPPP) website within a few days of submitting your application. If you cannot create your profile within 14 days of submitting your application, or if you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at (303) 894-5942. **Your application is not considered complete, and a license will not be issued until you have submitted the online profile.**

If you are complying with the new, mandatory Continuing Professional Competence requirement through participation in the Continuing Professional Development (CPD) program:

☐ **Acquire 1.66 Professional Development Hours (PDH)** for each month beginning on September 1, 2011, and

☐ **Create your personal Learning Plan** online at www.dora.colorado.gov/professions/addictioncounselors.

If you have questions or technical issues regarding your learning plan or the CPD program, visit www.dora.colorado.gov/professions/addictioncounselors, or contact the Continuing Professional Development Program at or (303) 894-2363.

If your license has been expired more than two (2) years, you must demonstrate competency to practice:

☐ **Complete the Jurisprudence Exam**. The Colorado Mental Health Profession's Jurisprudence Examination is now electronic. To access the exam, go to **www.iqttesting.com**. Applicants are required to pay an $18.00 electronic exam administration fee before taking the exam. The results of the exam will be available immediately upon completion of the exam. Candidates should follow the directions given by the vendor to print the passing results, and submit the results with their application packet. **If a candidate does not pass the exam, there is a waiting period of 10 days before the candidate can retake the Colorado Mental Health Profession's Jurisprudence Examination**.

Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
Office of Licensing—Addiction Counselor
1560 Broadway, Suite 1350
Denver, CO 80202

Dora
Department of Regulatory Agencies

IMPORTANT NOTICE

TO: All Applicants

FROM: Director of the Division of Professions and Occupations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

1560 Broadway, Suite 1350 Denver, Colorado 80202 Phone 303.894.7800
Fax 303.894.7693 www.dora.colorado.gov/professions V/TDD 711

Consumer Protection

Colorado Department of Regulatory Agencies
Division of Professions and Occupations
1560 Broadway, Suite 1350
Denver, CO 80202

Licensee/Applicant Full Legal Name

Last	First	Middle	Suffix

Colorado Professional or Occupational License/Certification/Registration Number: _____
(if already licensed)

Professional or Occupational License/Certification/Registration type applying for: _____

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

Section A: LAWFUL PRESENCE in the United States

1. ☐ I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. ☐ I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. ☐ I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
   a. ☐ I am a U.S. citizen, not physically present or employed in the United States.
   b. ☐ I am a Foreign National, not physically present or employed in the United States.

Section B: SECURE AND VERIFIABLE DOCUMENTS
Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
☐ Driver's license or permit				
☐ Government issued ID card				
☐ Valid U.S. military ID/common access card				
☐ Colorado Department of Corrections inmate ID				
☐ Tribal ID card				
☐ U.S. passport				
☐ Certificate of Naturalization				

Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
☐ Certificate of (U.S.) Citizenship				
☐ Valid Temporary Resident card				
☐ Valid I-94 issued by Canadian government				
☐ Valid I-94 with refugee/asylum stamp				

☐ Valid I-766 (Employment Authorization Card) — **Issuing federal agency:**

Name on card	Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)

☐ Valid I-551 (Resident Alien or Permanent Resident Card) — **Issuing federal agency:**

Name on card	Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)

☐ Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94

Issuing foreign country	Passport Number	Visa Number	Visa Class (ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)

☐ Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa

Issuing foreign country: **Passport Number:**

Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

_____
Print Full Legal Name

_____ _____
Signature (Full Name) Date

Division of Professions and Occupations
Office of Licensing–Addiction Counselor
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www.dora.colorado.gov/professions

Reinstatement Application
ADDICTION COUNSELOR
Fee: $120

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

Select a license status:

☐ Reinstate with full **ACTIVE** status.

☐ Reinstate with **INACTIVE** status.

Colorado Addiction Counselor Certification/License Number:_____ **Date Expired:**_____

Certification Level: ☐ LEVEL I ☐ LEVEL II ☐ LEVEL III ☐ LAC

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	**Date of Birth** (mm/dd/yyyy)**:**	**Gender:** ☐ *Male* ☐ *Female*	
Place of Birth (city and state, or foreign country)**:**			
Mailing Address: *This is a* ☐ *Home* ☐ *Business*	PO Box, Street: City, State, Zip:		
Daytime Telephone Number: ( )	**E-mail Address:** *Preferred method for communication:* ☐ *Mail* ☐ *E-mail*		

PART 2—LICENSE INFORMATION

Since the date your license expired, have you been practicing psychotherapy and/or as an Addiction Counselor in the state of Colorado? ☐ YES ☐ NO

- ► If **YES**, attach an explanation detailing your practice during the time your license was expired.
- ► If **YES**, were you practicing within the exemptions as noted in C.R.S. 12-43-215 of the Mental Health Statute? ☐ YES ☐ NO

  Provide the name of the exempt facility for which you work, or attach the necessary letter of attestation/documentation verifying that your facility meets the statutory requirements for an exempt facility.

*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

APPLICANT NAME:_____

PART 2—CERTIFICATION/LICENSE INFORMATION (Continued)

Since the date your Colorado certification/license expired, have you been practicing as an Addiction Counselor in another jurisdiction? ☐ YES ☐ NO

List below each jurisdiction in which you are or have ever been certified/licensed as an Addiction Counselor (if needed, attach an additional sheet in the same format). If not applicable, enter N/A.

State	Certification/License Number	Year certification/ license issued	Disciplinary action against certification/license?	Is this certification/license current/active?
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO

PART 3—CONTINUING PROFESSIONAL COMPETENCE
Complete only if you are reinstating with ACTIVE status

Check **one** box corresponding to the method through which you are complying with mandatory Continuing Professional Competence requirements:

☐ By checking this box, I attest that I have accrued 1.66 Professional Development Hours (PDH) for each month beginning on September 1, 2011. I understand that I may be audited for proof of compliance. I can and will provide documented evidence of my compliance to the Board upon their request; **—OR—**

☐ By checking this box, I attest that I was called to federally funded active duty for more than 120 days for the purpose of serving in a war, emergency or contingency and that the date of this application in which I am claiming this exemption falls within the period of service or within 6 months following completion of service in a war, emergency or contingency. I can and will provide documentation to that effect should the Board require it of me; **—OR—**

☐ By checking this box, I attest that I have met the continuing professional competence requirements of a state department, including continued professional competence requirements imposed through a contractual arrangement with a provider. I understand that I may be audited for proof of compliance. I can and will provide documented evidence of my compliance to the Board upon their request.

PART 4—COMPETENCY TO PRACTICE
Complete only if you are reinstating with ACTIVE status

If your certification/license has been expired more than two (2) years, demonstrate competency to practice:

- Submit a completed, current jurisprudence examination (available online at **www.iqttesting.com**).

AND one of the following:

- A written statement detailing work experience related to the practice of addiction counseling or psychotherapy during the time the certification or license has been expired. If work experience was in another jurisdiction, verification of certification or licensure from each jurisdiction(s) is required; **—OR—**
- Official documentation of retaking and passing the required NAADAC NCACI, NCAC II, or MAC exam within the past two (2) years; **—OR—**
- Completion of the approved required training, which must be taken and passed within the past two (2) years prior to receipt of this application in the Division of Professions and Occupations; **—OR—**
- Documentation of ten (10) Professional Development Hours (PDH) as defined in the Board of Addiction Counselor Examiners Rules for each year or portion thereof the certification or license has been expired; **—OR—**
- Other means determined by the Director of the Division of Professions and Occupations.

APPLICANT NAME:_____

PART 5—MILITARY QUESTIONS

1. Are you a Member of the U.S. military? ➢ If **YES**, provide information below:		☐ YES ☐ NO
Branch:	Duty Station:	
2. Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state? ➢ If **YES**, refer to the *Military Spouse Exemption Form* available on our website at: www.dora.colorado.gov/professions/military.		☐ YES ☐ NO

PART 6—SCREENING QUESTIONS

You must provide the following for each "YES" response to the screening questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
  - Date(s) of event/offense
  - Description of event/offense
  - Location/court
  - Current status/outcome.

You may be required to provide the following:

- Copies of legal documents relating to the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

SINCE THE DATE YOU LAST RENEWED YOUR CERTIFICATION/LICENSE:

1. Have you been notified by any state, territory, district, country, United States government agency, or state certification/licensing board of any complaint filed against you relative to the practice of psychotherapy? This includes, but is not limited to, any allegations currently pending. ☐ YES ☐ NO
2. Has any disciplinary action been taken regarding any psychotherapy/drug and alcohol services certification/license which you now hold or have ever held? Include any disciplinary actions by the U.S. military, U.S. Public Health Service, or other U.S. federal governmental entity. (Disciplinary actions include, but are not limited to, suspension, revocation, probation, practice limitations, reprimand, letter of admonition, censure, and any allegations currently pending.) ☐ YES ☐ NO
   - ► If **YES**, include state or government agency, date, charge, and disposition in your explanation.
3. Have you been denied a certification/license or permission to practice psychotherapy, or permission to take an examination for licensure in any state, country, or U.S. federal jurisdiction? ☐ YES ☐ NO
   - ► If **YES**, include state or government agency, date, and reason for denial in your explanation.
4. Have you voluntarily surrendered a certification/license to practice psychotherapy in any state? ☐ YES ☐ NO
5. Have you had staff privileges limited or reduced, denied, suspended or revoked, or have you resigned from a staff position in lieu of disciplinary action? ☐ YES ☐ NO
   - ► If **YES**, provide a copy of your letter of resignation or disciplinary action, and include the name and address of the facility and the reason for action in your explanation.

APPLICANT NAME:_____

PART 6—SCREENING QUESTIONS (Continued)

6. Have you received a deferred judgment or been convicted of or pled *nolo contendere* to a violation of any federal, state, or local law relating to the manufacture, distribution or dispensing of a controlled substance, or relating to drug abuse, including alcohol (DUI/DWI/DWAI/OWI)? ☐ YES ☐ NO
   - If **YES**, provide documentation from the court verifying completion of probation/parole requirements.
7. Have you received a deferred judgment or been convicted of or pled *nolo contendere* to any felony in any state, territory, district, the U.S., or foreign country? Include any conviction that has been set aside, dismissed, or pardoned under any provision of the law. ☐ YES ☐ NO
   - If **YES**, provide documentation from the court verifying completion of probation/parole requirements.
8. Have you entered into any malpractice settlement or had any malpractice judgment entered against you in a court of law? ☐ YES ☐ NO
9. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice psychotherapy safely and competently including but not limited to bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? ☐ YES ☐ NO
   - If **YES**, give dates of onset, description of condition, description of treatment, name and address of health service provider, and current status of condition. Attach a letter from your current or most recent health care provider stating that you are able to practice with skill and safety to clients.
10. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice psychotherapy safely and competently? ☐ YES ☐ NO
   - If **YES**, if treated, give name, address and zip code of both facility and health service provider, dates of treatment, current status of condition, etc. Indicate what substance(s) you were addicted to, how long you have maintained sobriety, and what you are doing to maintain sobriety. Provide a written statement from the treatment center you attended documenting completion of therapy.

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature **Date**

VERIFICATION OF CERTIFICATION OR LICENSE—ADDICTION COUNSELOR

APPLICANT: Use this form only if your certification or license has been expired more than two (2) years and you are demonstrating competency to practice through work experience in another jurisdiction. Complete the top portion of this form and forward the entire form to each state other than Colorado in which you have practiced addiction counseling or a related occupation since your Colorado certification/license has been expired.

SECTION 1: To be completed by the Applicant

Last Name | First Name | Middle | Previous Name(s) | Social Security Number

Mailing Address (PO Box, street, city, state, zip)

State | Type of Certification/License | Certification/License Number | Date of Certification/Licensure

SECTION 2: To be completed by the State

THIS CERTIFIES that the above named individual was certified/licensed as a _____ (profession) with certification/license number _____, issued _____ (original date of certification/licensure), expired _____ (expiration date), entitling him / her to practice psychotherapy or a related occupation.

1. Current certification/licensure status: ☐ **ACTIVE** ☐ **INACTIVE** ☐ **EXPIRED**

2. Check all that apply:
   - ☐ **Exam.** Type: _____ Date: _____ Score: _____
   - ☐ **Endorsement.** Identify state(s): _____
   - ☐ **Reciprocity.** Identify state(s): _____
   - ☐ **Other.** Provide explanation: _____

3. At the time this applicant was certified/licensed, what were the requirements with respect to experience and supervision?
   a. Total number of supervised work experience hours: _____
   b. Total number of clinical supervision hours: _____

4. Did applicant show proof of having a *(circle one)* **bachelors / masters / doctoral** degree in Behavioral Sciences from an accredited school or college or an equivalent degree as determined by the certification/licensure authority? ☐ YES ☐ NO

5. Has this certification/license ever been encumbered in any way or subjected to discipline (e.g., revoked, suspended, surrendered, restricted, limited, placed on probation)? ☐ YES ☐ NO
   - If **YES**, please attach an explanation.

6. Are there any complaints pending? ☐ YES ☐ NO
   - If **YES**, please attach an explanation.

I certify that the information I have provided on this verification is true and correct to the best of my knowledge.

Print Name | Title

Signature | Date

(SEAL)

Name of State Board

Address | City | State | Zip

Phone Number

Web Address

Please return this form – in an official sealed envelope – to the applicant listed in Section 1 above.