State of Nevada

The Board of Examiners of Marriage and Family Therapist
And Clinical Professional Counselors

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2013 CPC RENEWAL

LIC NO: _____ NAME: _____ PHONE: ( ) _____-_____

ADDRESS/CITY/ST/ZIP: _____ EMAIL: _____

As a Licensed Clinical Professional Counselor in the State of Nevada, it is required that you register and submit an annual fee to the Board of Examiners for Marriage & Family Therapy and Clinical Professional Counselors.

Please keep the Board apprised of any change of address you may have during the year.

ETHICAL CONSIDERATIONS FOR LICENSE RENEWAL/REGISTRATION: (Please check one)

1. Have you been indicted or convicted of a misdemeanor (other than a traffic violation), gross misdemeanor, or felony within the past 5 years? Yes _____ No_____
2. Have you had a complaint filed with a clinical professional counselor certifying, licensing, or registering body or any professional association against you for alleged unethical behavior or unprofessional conduct within the past 5 years? Yes _____ No_____
3. Have you been censured or had disciplinary action taken against you for unethical behavior, unprofessional conduct or any other grounds by a professional organization within the last 5 years? Yes _____ No_____
4. Have you been investigated, charged with, or convicted of unprofessional conduct, negligence, or professional incompetence by any certification or licensing board or other agency, institution, or professional organization within the last 5 years? Yes _____ No_____
5. Have you used any alcohol, narcotic, barbiturate other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent within the last 5 years? Yes _____ No_____
6. Have you been diagnosed or treated for any physical, emotional or mental illness or disease, including drug addiction or alcohol dependency, which limited your ability to practice behavioral sciences with reasonable skill and safety within the past 5 years? Yes _____ No_____
7. Have you used controlled substances which were obtained illegally or which were not obtained pursuant to a valid prescription order or which were not taken following the direction of a licensed health care provider within the past 5 years? Yes _____ No_____
8. Has any state, jurisdiction, providence, or professional organization denied your application for credentials or professional membership within the past 5 years? Yes _____ No_____
9. Have you ever been sued for malpractice, or agreed to pay a settlement in a malpractice suit? Yes _____ No_____

NOTE: IF ANY OF THE ABOVE QUESTIONS ARE ANSWERED "YES", PLEASE GIVE THE DATE(S) AND EXPLAIN THE CIRCUMSTANCES AND OUTCOME ON THE BACK SIDE OF THIS PAGE.

☐ Active Renewal: $150 ☐ Inactive: $150 ☐ 2nd Yr Inactive: No Charge ☐ 3rd Yr Inactive: No Charge

If on "Inactive Status" I understand that I will not practice Clinical Professional Counseling. (Initials :_____)

☐ I have completed 20 CEU's for 2012. ☐ I am inactive. ☐ If licensed in 2012, I will complete 20 CEU's in 2013.

I wish to: ☐ RENEW ☐ REACTIVATE ☐ RETIRE ☐ RESIGN : my CPC License.

Attention: This license renewal/registration form and subsequent information supplied may be subject to disclosure under Nevada law.

Child Support Statement: Nevada state law requires that all applicants for issuance of a license be required to provide the following information concerning the support of a child. As part of this application, your responses to these questions are given under oath and any response given hereto which is false, fraudulent, misleading, inaccurate or incomplete, will result in your application being denied. You must mark one of the following responses. Failure to indicate which provision applies will result in your application being denied.

☐ I am not subject to a court order for the support of a child;

☐ I am subject to a court order for the support of one or more children and am in compliance with an order or am in compliance with a plan approved by the district attorney or other public agency enforcing an order for the repayment of the amount owed pursuant to the order;

☐ I am subject to a court order for the support of one or more children and am **NOT** in compliance with an order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

_____

Signature Date