



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

P.O. Box 370130
 Las Vegas, NV 89137
 Phone: (702) 486-7388 Fax: (702) 486-7258

Erik Schoen, President
 Richard Harrison, M.A., Vice President
 Jake Wiskerchen, Secretary/Treasurer
 Hal Taylor, J.D., Member
 Jean E. Griffin, Ed.D., Member
 John Nixon, Ed.D., Member
 Wendy Nason, M.A., Member
 Roberta Vande Voort, Member

2017 CPC RENEWAL

OFFICE USE ONLY

Renew _____
 Reactivate _____
 Retire _____
 Resign _____

LIC #:	First Name:	Mid:	Last Name:	Phone:
Address:		City:	State:	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 2017. I am inactive. I was NEWLY licensed in 2016, I will complete 20 CEU's in 2017.

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



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2017 CEU Reporting Form
(CEUs done in 2016)

NAME: _____ LIC NO: _____

ADDRESS: _____ PHONE: () _____ - _____ CELL: () _____ - _____

CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____

To maintain licensure in the State of Nevada, a Marriage & Family Therapist and/or Clinical Professional Counselor is required to acquire at least 20 hrs of Continuing Education Units per year immediately preceding the date of renewal. At least 3 hrs must be in Ethics. At least 2 hrs must be in Suicide Prevention. Not more than 10 hours can be distance education. At least 1 hr must be in Supervision for Supervisors. (IAW NRS 641A160, NAC 641A.131 and NAC 641A.133.)

Course Title:	Organization Sponsor	On-Line/In-Person	Date(s)	CEU Approval Number	Number of CEU hrs.
Ethics Course:		O/I			
Suicide Prevention Course:		O/I			
Supervision Course:		O/I			
		O/I			
		O/I			
		O/I			
		O/I			
		O/I			
		O/I			
		O/I			
		O/I			
		O/I			

I certify that I have completed 20 MFT/ CPC related CEU hrs and I certify that I have attendance/ completion certificates in my files.

Signature Date