

# Application for License by Endorsement

## (Rule XI, Sect. 9.1)

Applicants must be a citizen of the United States or have a current 'green card' issued by the U.S. Immigration Bureau documenting legal alien work status in the United States.

I am applying for the AR License by Endorsement Yes \_\_\_\_\_ No \_\_\_\_\_

Check the credential you are applying for:

\_\_\_\_\_ Licensed Professional Counselor \_\_\_\_\_ Licensed Marriage & Family Therapist \_\_\_\_\_ Dual LPC/LMFT

(An application fee of \$200.00 must accompany the submission of this completed form.)

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birthplace: \_\_\_\_\_  
(City) (State) (County) (Country)

United States Citizen: \_\_\_\_\_ (Yes) \_\_\_\_\_ (No): Attach US Immigration documentation to verify legal alien work status.

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

Current Residential Address: \_\_\_\_\_ PO Box \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_

Residential Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Office: \_\_\_\_\_

Name(s) on transcripts if different than above: \_\_\_\_\_

2. Work Experience: (cite most recent employment first)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Professional Training: (cite most recent first)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are you applying for a Specialty designation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please name the specialty: \_\_\_\_\_

5. Do you possess a professional license(s) or certificate(s) issued by another State? \_\_\_\_\_ Yes \_\_\_\_\_ No

Issuing State \_\_\_\_\_ Date of Original Issue \_\_\_\_\_ Date of Expiration \_\_\_\_\_

6. If answer is yes, give license or certificate number(s), title(s), and states issuing license(s) or certificate(s):

\_\_\_\_\_

7. Have you ever been denied a license and / or certification? \_\_\_\_\_ Yes \_\_\_\_\_ No

Briefly state the reason for denial:

\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever had a license surrendered, suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state the reason: \_\_\_\_\_

9. Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide the following information: When? \_\_\_\_\_ Where? \_\_\_\_\_

Felony charge: \_\_\_\_\_

10. Current employment Information:

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Setting: \_\_\_\_\_

(Agency, Govt., School, Non-profit, Private Practice, etc.)

Supervisor: \_\_\_\_\_

Secondary employment:

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Setting: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Please Read Carefully

In making this application to the Arkansas Board of Examiners in Counseling for the issuance of a license, I agree to abide by the rules and regulations of the Arkansas Board of Examiners in Counseling and to take all examinations necessary to the processing of my application. Upon issuance of a license, I agree to be bound by the Code of Ethics of the American Counseling Association &/or the American Association of Marriage & Family Therapy. I understand that I am bound by both codes if I hold both licenses. I further agree that the fee submitted with this application is non-refundable.

1. I agree to hold the Arkansas Board of Examiners in Counseling, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the Board to issue me a license.
2. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.
3. I further agree that if issued a license, upon the revocation, suspension or cancellation of that license, I shall return the said license to the Board.
4. I have read Act 593, Act 244 amendment, Act 1317 and the Rules and Regulations of the Board and am familiar with the requirements of the Acts and with the Rules and Regulations of the Board.

The information which I have provided in this application is truthful. I understand that giving the Board false information of any kind may result in the voiding of this application and my failing to be granted a licensure.

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[Application packet is valid for one year from this date]

Board policy requires that each applicant attach a color passport-sized photograph taken within the past 12 months. Photograph must be TAPED prior to Notary signature.

TAPE a Passport-sized color photo in the space above.

Verification of Application

State of Arkansas

County of: \_\_\_\_\_

I, \_\_\_\_\_, Applicant for  
licensure,

State upon oath that the statements contained in the above and foregoing application are true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_.

My commission expires: \_\_\_\_\_.

Seal: