

Application for Licensure

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.

Check the credential you are applying for:

- | | |
|--|---|
| <input type="checkbox"/> Licensed Associate Counselor | <input type="checkbox"/> Licensed Associate Marriage & Family Therapist |
| <input type="checkbox"/> Licensed Professional Counselor | <input type="checkbox"/> Licensed Marriage & Family Therapist |
| <input type="checkbox"/> Dual LAC/LAMFT | <input type="checkbox"/> Dual LPC/LMFT |

(An application fee of \$100.00 must accompany the submission of this completed form.)

1. Name: _____ Date of Birth: _____

Social Security Number: _____ Email: _____

Current Residential Address: _____ PO Box _____

City: _____ State: _____ County _____ ZIP: _____

Residential Phone: _____ Cell: _____ Office: _____

Birthplace: _____
(City) (County) (State) (Country)

United States Citizen: Yes _____ No _____ : Attach US Immigration documentation to verify legal alien work status.

Name(s) on transcripts if different than above:

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

3. Professional Training: (cite most recent first)

4. Have you previously applied with this Board? Yes _____ No _____

5. Are you applying for a Specialty designation? Yes _____ No _____

If yes, please name the specialty: _____

6. Are you an active duty service member or returning military veteran? Yes _____ No _____

7. Are you the spouse of an active duty service member or returning military veteran? Yes _____ No _____

8. 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 _____

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

10. Have you ever been denied a license and / or certification? Yes _____ No _____

Briefly state the reason for denial: _____

11. Have you ever had a license cancelled, suspended or revoked? Yes _____ No _____

If yes, state the reason: _____

12. Have you ever pleaded guilty or nolo contendere to, or been found guilty of any felony or class A misdemeanor?

Yes _____ No _____

If yes, provide the following information: When? _____ Where? _____

Felony charge: _____

Consider filing the pre-licensure background check form before sending this application and fee.

13. Current employment Information:

Employer: _____

Address: _____

Phone: _____ Setting: _____

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

Supervisor: _____

Secondary employment:

Employer: _____

Address: _____

Phone: _____ Setting: _____

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

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 of the Arkansas Board of Examiners in Counseling and to take all examinations necessary for 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 Ark. Code Ann. 17-27-101 *et seq.* and the Rules of the Board and am familiar with the requirements of the Acts and with the Rules 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.

Date: _____ Signature: _____

(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.

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