

## Attachment A

### STATEMENT OF REGISTRATION, CERTIFICATION OR LICENSURE AS A COUNSELOR OR THERAPIST IN ANOTHER STATE

Applicant completes only the top portion of this form and sends it to the state(s) in which he/she holds, or has held a license.

#### Section 1: To be completed by applicant:

Last Name:	First Name:	M.I.:
Date of Birth:	Social Security #:	
Address:	City:	
State:	Zip:	
License No.:	Expiration:	

#### Section 2: to be completed by the state

This certifies that the above individual was licensed as \_\_\_\_\_ (profession) with license number \_\_\_\_\_, issued \_\_\_\_\_ (original date of licensure), expired \_\_\_\_\_, entitling him/her to practice alcohol and drug abuse counseling or a related occupation.

- Current license status:            \_\_\_ Active \_\_\_ Inactive \_\_\_ Lapsed
- Licensed on the basis of:            \_\_\_ NBCC Examination. Date Taken: \_\_\_\_\_ Score: \_\_\_\_\_  
    \_\_\_ State Examination  
    \_\_\_ Endorsement. Please identify licensing states: \_\_\_\_\_  
    \_\_\_ Credentials. Please attach an explanation.  
    \_\_\_ Other. Please attach an explanation.
- Was your state the state of original licensure?            \_\_\_ Yes \_\_\_ No
- The educational requirements for the above-referenced title at the time of the applicant's licensure/certification:

Required Field of Study \_\_\_\_\_

Number of face-to-face supervised hours \_\_\_\_\_ Number of client contact hours \_\_\_\_\_

- At the time this applicant was licensed, what were the licensing requirements with respect to post-degree experience and supervision? \_\_\_\_\_  
    \_\_\_\_\_
- Has this license ever been subjected to disciplinary action?    \_\_\_ Yes \_\_\_ No  
    (e.g. revoked, suspended, surrendered, restricted, limited, placed on probation)?
- Are there any complaints pending:    \_\_\_ Yes \_\_\_ No

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

Seal

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of State Board

**Please return this form to:**  
 NM Counseling & Therapy  
 Practice Board PO Box 25101,  
 Santa Fe, NM 87504

\_\_\_\_\_  
Address/City/State/Zip