

Name of Applicant: (Required) _____

APPLICATION VALIDATION - To be completed by all applicants.

North Carolina Board of Licensed Clinical Mental Health Counselors

Licensure Application Affidavit

This form must be signed and dated in the presence of a Notary Public.

To be completed by applicant:

I declare and affirm all of the following:

- I am the person who executed this application.
- The statements contained on this application including accompanying documents, are true and complete in every aspect.
- I have not suppressed or withheld information that might affect this application.
- I will comply with all legal and ethical standards and standards of practice in my professional conduct, as required by the NC Licensed Professional Counselors Act and the ACA Code of Ethics.
- I have read and understand this affidavit.

I understand that any false or misleading information in, or in connection with, my application may be cause for denial of licensure, disciplinary action against a license, or revocation of a license. I also understand that the Board has the authority to conduct a full criminal record search, including state and national records.

Applicant's Full Name (PRINTED): _____

Applicant's Signature: _____ **Date:** _____

Notary Information:

State of _____

City/County of _____

SEAL

Sworn to (or affirmed) and subscribed before me, on this,

the _____ day of _____ in the year _____, and proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public Signature: _____

My Commission Expires: _____

Upload the completed form in the Counselor Gateway or mail to: NCBLCMHC • PO Box 77819 • Greensboro, NC 27417