



NORTH CAROLINA BOARD
of LICENSED CLINICAL
MENTAL HEALTH
COUNSELORS

PHONE: 844-622-3572

FAX: 336-217-9450

WEB: ncblcmhc.org

EMAIL: LCMHCinfo@ncblcmhc.org

Ethics Attestation, Certification and Agreement

NOTE: The reading of the following Ethics Attestation, Certification and Agreement is required by the North Carolina Board of Licensed Clinical Mental Health Counselors for the renewal of your license. Please read the Ethics Attestation, Certification and Agreement carefully before signing and dating this document. Your signature below attests to the following:

I hereby attest to and certify that the following statements are true, correct, and accurate to the best of my knowledge, and I further agree to fulfill the obligations set forth as following:

1. I have never been the subject of any professional or occupational credentialing, licensure, certification or registration ethics matters, or other disciplinary proceedings that I have not previously reported to the North Carolina Board of Licensed Clinical Mental Health Counselors. *(If such ethics or other disciplinary matters do exist, or have existed, and have not been previously reported to NCBLCMHC, please attach a complete listing and explanation, as well as copies of all relevant documents.)*
2. I have never been the subject of any criminal or lesser violations or proceedings that I have not previously reported to the North Carolina Board of Licensed Clinical Mental Health Counselors. *(If such matters or proceedings do exist, or have existed, and have not been previously reported to NCBLCMHC please attach a complete listing and explanation, as well as copies of all relevant documents.)*
3. I have never been the subject of any civil violations or proceedings that I have not previously reported to the North Carolina Board of Licensed Clinical Mental Health Counselors. *(If such matters or proceedings do exist, or have existed, and have not been previously reported to NCBLCMHC please attach a complete listing and explanation, as well as copies of all relevant documents.)*
4. I agree to give the North Carolina Board of Licensed Clinical Mental Health Counselors permission to conduct a full criminal record search including state and national records.
5. I agree to give NCBLCMHC timely notice of any home or business address or telephone change in writing.
6. I agree to act and conduct my counseling practice in accordance with the current NCBLCMHC Ethical Standards and Polices.
7. I agree that if I make any changes in the Professional Disclosure Statement on file with the NCBLCMHC, I will submit a new Professional Disclosure Statement for acceptance by NCBLCMHC prior to using the new statement in my practice.
8. I understand that I am obligated to report any changes, modifications, or corrections concerning my responses to these questions to NCBLCMHC in a timely manner and in writing.
9. I understand that any intentional or unintentional failure to provide true, accurate and complete answers to the questions set forth above may result in the imposition of sanctions by the NCBLCMHC Ethics Committee.

Signature of LCMHC

Date

Printed Name of LCMHC

LCMHCA/LCMHC/LCMHCS License #