



NORTH CAROLINA BOARD
of **LICENSED CLINICAL**
MENTAL HEALTH
COUNSELORS

PHONE: 844-622-3572
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CERTIFICATE OF REGISTRATION APPLICATION#

- Choose One:** Professional Corporation *(PC-refer to Chapter 55B of the North Carolina General Statutes)*
 Professional Limited Liability Company *(PLLC-refer to Chapters 55B and 57D of the North Carolina General Statutes)*
 Professional Association *(PA-refer to Chapter 55B of the North Carolina General Statutes)*

Mail completed form, application fee, a draft **COPY OF YOUR ARTICLES OF INCORPORATION/ORGANIZATION** to:

NCBLCMHC
PO Box 77819
Greensboro, NC 27417

Application Fee: \$50.00

NORTH CAROLINA County of _____

Name of Organization or Company: _____

Purpose for which business entity or company is being organized:

- Practice of Counseling
 Other – please list _____

Mailing Address: _____

Street Address: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Name(s), complete address(s), license type and license number(s) of proposed owner(s) or incorporator(s):

- | | |
|-----------------------------|-----------------------------|
| (1) _____

_____ | (3) _____

_____ |
| (2) _____

_____ | (4) _____

_____ |

Name(s), license type and license number(s) of proposed stockholder(s) if applicable:

Name(s) and occupation(s) of proposed Board of Directors:

Name(s) and occupation(s) of proposed Officers or Members:

Names and license numbers of Licensed Clinical Mental Health Counselor Associates, Licensed Clinical Mental Health Counselors and Licensed Clinical Mental Health Counselor Supervisors employed by the organization:

Names and duties of persons other than the ones listed above that are employed or to be employed by the organization:

We attest, to the best of our knowledge and belief that no disciplinary action is pending in any jurisdiction against any of the licensed incorporators, officers, directors, shareholders, or employees of this organization. The undersigned acknowledges that the corporation or company is being organized under the provisions of the North Carolina General Statutes.

Submitted by (incorporator(s) or organizer(s)):

Print name

Signature

Print name

Signature

Print name

Signature

Print name

Signature

STATE OF NORTH CAROLINA

County of _____

I HEREBY CERTIFY THAT the above incorporator(s) or organizer(s) personally appeared before me this day and stated that they had read the foregoing Certificate of Registration Application and that the statements contains therein are true.

Signed before me this _____ day of _____ in the year _____.

Notary Public

My commission expires

SEAL