



NMRLD

**NEW MEXICO
REGULATION &
LICENSING DEPARTMENT**

ATTACHMENT A: STATEMENT OF REGISTRATION, CERTIFICATION OR LICENSE AS A COUNSELOR OR THERAPIST IN ANOTHER STATE

SECTION 1: To be completed by the applicant

Last Name:	First Name:	Middle Initial:	Date of Birth:
Street Address:	City:	State:	Zip Code:
License Number:		Expiration Date:	

SECTION 2: To be completed by the state

This certifies that the above individual was licensed as a _____ (profession) with license number _____, originally issued on ____/____/_____, expires/expired as of ____/____/_____, entitling the individual to practice counseling, therapy, or a related counseling or therapy occupation.

- Current license status: Active Inactive Lapsed
- Licensed on the basis of: NBCC Examination. Date taken: ____/____/_____. Score: _____
State Examination
Endorsement. Please identify licensing state(s): _____
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: _____



5. At the time this applicant was licensed, what were the licensing requirements with respect to post-degree experience and supervision? _____

6. Has this license ever been subjected to disciplinary action? Yes No

7. Are there any complaints pending? Yes No

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

Name

Title

Name of State Board

Address

City, State, Zip Code

Please return this form to:

Counseling and Therapy Practice Board

PO Box 25101

Santa Fe, NM 87504

or email to: counseling.board@state.nm.us

