

If you choose to use this Professional Disclosure Statement form, please complete the top portion of this form, print it out, and submit it to your supervisor for his/her signature. Submit the completed form to the Michigan Board of Counseling PO Box 30670 Lansing MI 48909.

PROFESSIONAL DISCLOSURE STATEMENT

LIMITED PROFESSIONAL COUNSELOR

Full Name
Business Address
City State Zip Code
Telephone Number

DESCRIPTION OF EDUCATION AND EXPERIENCE

DESCRIPTION OF YOUR PRACTICE

FEE

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In the event that you would like to file a complaint regarding services, send written complaints to the following location:

Michigan Department of Licensing and Regulatory Affairs
Enforcement Division
Allegations Section
PO Box 30670
Lansing MI 48909
(517) 373-9196

I agree to supervise _____
for the required post-degree counseling experience.

Licensed Professional Counseling ID/License Number: _____

Expiration Date: _____

Signature: _____

Date: _____