

If you choose to use this Professional Disclosure Statement form, please complete the form, print it out, and submit it to the Michigan Board of Counseling PO Box 30670 Lansing MI 48909.

PROFESSIONAL DISCLOSURE STATEMENT

PROFESSIONAL COUNSELOR

Full Name

Business Street Address

City, State, Zip Code

Telephone Number

DESCRIPTION OF EDUCATION AND EXPERIENCE

[Click here to enter text.](#)

DESCRIPTION OF YOUR PRACTICE

[Click here to enter text.](#)

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