If you choose to use this Professional Disclosure Statement form, please complete the top portion of this form, print it out, and submit the completed form 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

DESCRIPTION OF YOUR PRACTICE

FEE

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
Health Professions Division
Enforcement Section
PO Box 30670
Lansing MI 48909
(517) 373-9196