

**NORTH CAROLINA PSYCHOLOGY BOARD**  
895 State Farm Road, Suite 101, Boone, NC 28607 - Telephone: (828) 262-2258

**2016 Renewal Application for Professional Psychological Corporation or PLLC**

Certificate will be automatically suspended if not postmarked by **February 1, 2016**.

**Renewal Fee: \$25.00**  
**If postmarked by 2/1/16**

**\*\* RETURN THIS FORM WITH \$25 FEE MADE PAYABLE TO THE NC PSYCHOLOGY BOARD OR THE CHECK WILL BE RETURNED\*\*.**

**If not postmarked by 2/1/16**, the certificate may be reinstated within the calendar year upon the payment of an additional \$10.00 reinstatement fee, making the total **\$35**.

***NAME OF PROFESSIONAL ENTITY:***

\_\_\_\_\_

If you do not wish to renew the certificate, check here, provide an explanation on this form, and return the form to the Board office.

***CERTIFICATE NUMBER:*** \_\_\_\_\_

**COMPLETE THE FOLLOWING INFORMATION**

[1] ***Corporation/Company Mailing Address:***

Street/Box

City \_\_\_\_\_ State

ZIP Code

[2] ***Doing Business As*** (i.e., Assumed Name):

(i.e. Assumed Name, ***IF DIFFERENT FROM THE ABOVE PROFESSIONAL ENTITY NAME - REQUIRES*** that a ***Certificate of Assumed Name*** be filed with the Register of Deeds in the COUNTY where doing business, and that a copy is on file with the Board before the D B A can be added here.)

\_\_\_\_\_ ***Doing Business As/Assumed Name***

[3] ***Shareholders for Corporation/Members for PLLC:***

***SHAREHOLDER/MEMBER NAME(S):*** \_\_\_\_\_ ***SHAREHOLDER/MEMBER LICENSE #(S):*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **\*IF MORE THAN THREE SHAREHOLDERS/MEMBERS, ATTACH A LIST OF NAMES/NUMBERS**