

NORTH CAROLINA PSYCHOLOGY BOARD
895 State Farm Road, Suite 101
Boone, North Carolina 28607
(828) 262-2258
Email: info@ncpsychologyboard.org

*** APPLICATION FOR CERTIFICATE OF REGISTRATION
OF PROFESSIONAL LIMITED LIABILITY COMPANY *
(refer to N.C. General Statutes 57-C)**

NOTE: Pursuant to G.S. § 57C-2-01, limited liability companies wishing to render a professional service as defined in N.C.G.S. § 55B-2(6) shall contact the appropriate North Carolina Licensing Board to determine whether compliance with additional licensing requirements may be mandated by law. Such limited liability companies should consult N.C.G.S. § 57C-2-01 for further details.

NORTH CAROLINA

APPLICATION FEE: \$50.00

_____ COUNTY

1. Name of Company: (Must contain extension referencing PLLC)

2. Purpose for which company is organized:

3. Mailing Address (***NOTE: THIS IS THE ADDRESS TO WHICH THE CERTIFICATION OF APPLICATION WILL BE MAILED, UNLESS ADVISED DIFFERENTLY.***)

Telephone: (____) _____ E-mail Address: _____

4. Street Address: _____

5. Name, address, and license number (if applicable) of organizer(s): (One **MUST** be licensed by the NC Psychology Board)

1) _____

License No. _____

2) _____

License No. _____

3) _____

License No. _____

4) _____

License No. _____

6. Name and license number of member(s): (ALL must be licensed professionals)

Name	License No.
_____	_____
_____	_____
_____	_____

7. Name and occupation of manager(s): (One MUST be licensed by the NC Psychology Board)

Name	Occupation
_____	_____
_____	_____
_____	_____

8. Name and license number of PSYCHOLOGISTS to be **employed** by the company, **other than members**:

Name	License No.
_____	_____
_____	_____
_____	_____

9. Name and duties of persons **OTHER THAN PSYCHOLOGISTS** employed, or to be employed, by the company:

Name	Duties
_____	_____
_____	_____
_____	_____

The rest of this page is intentionally left blank.

We attest, to be best of our knowledge and belief, that no disciplinary action is pending in any jurisdiction against any of the licensed organizers, members, managers, or employees. The company will be conducted in compliance with all applicable North Carolina general statutes, including but not limited to G.S. § 57C, and administrative rules of the North Carolina Psychology Board.

Submitted by (organizers): (All from item 5)

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Signed before me this _____ day of _____, 20 _____.

Notary Public
My commission expires _____

SEAL

*** SUBMIT THIS APPLICATION FORM, A \$50 APPLICATION FEE, AND A COPY OF THE PROPOSED ARTICLES OF ORGANIZATION TO THE BOARD OFFICE IN ORDER TO RECEIVE THE REQUIRED CERTIFICATION OF APPLICATION FORM THAT YOU ARE TO SUBMIT TO THE SECRETARY OF STATE'S CORPORATION DIVISION ALONG WITH THE ARTICLES OF ORGANIZATION.**

FINALLY, ONCE YOU HAVE RECEIVED THE APPROVED ARTICLES OF ORGANIZATION BACK FROM THE SECRETARY OF STATE'S OFFICE, REMEMBER TO SEND A FULL, APPROVED COPY (NOT JUST THE COVER PAGE) TO THE BOARD OFFICE SO THAT THE FINAL CERTIFICATE OF REGISTRATION CAN BE ISSUED.