Maryland Board of Professional Counselors & Therapists

4201 Patterson Avenue Baltimore, MD 21215 – 2299
Phone Number: 410-764-4732 www. dhmh.maryland.govbopc/

APPLICATION FOR INACTIVE LICENSURE/CERTIFICATION STATUS

☐ **NEW APPLICATION** ☐ **CONTINUED INACTIVE STATUS**

License Level: ☐ **LCPC** ☐ **LCMFT** ☐ **LCPAT** ☐ **LCADC** ☐ **CAC-AD** ☐ **CSC-AD** ☐ **LBA**

License/Certification Number: _____ **Expiration Date:** _____

Fees: $50.00 Annually (Check or Money Order)

PERSONAL INFORMATION

Last Name and Generational Indicator (Jr., III etc.)

First Name And Middle Name / Initial

Maiden Name

Address Line One

Address Line Two (Apt #)

City **State** **Zip Code**

Email Address _____

Date of Birth:

Month – Day – Year

Social Security Number:

Race:

1. White
2. African American
3. American Indian
4. Asian
5. Hispanic
6. Other

Sex:

1. Male
2. Female

Home Phone _____

Work Phone _____

Cell Phone _____

Please submit the following:

1) **The application form for inactive status**
2) **A check or money order for $ 50.00 payable to the Board of Professional Counselors and Therapists.**

Date: _____ **Signature:** _____

A license or certificate may remain on inactive status for five (5) years starting from the date of the active license / certificate expired.
In order to reactivate a License or Certificate the applicant must submit:

1) The reactivation application;
2) Pay the appropriate fees;
3) A copy of the required documentation of 40 or 80 continuing education credit hours stipulated in COMAR 10.58.05 Continuing Education Requirements.

The continuing education credit hours must be **earned in the 2 years preceding** the submission of the reactivation application.

FOR BOARD USE ONLY

Fee Received: _____

Check / Mo # _____

Added to License DB _____