

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

**APPLICATION FOR CERTIFICATE OF REGISTRATION
OF FOREIGN PROFESSIONAL CORPORATION**
(refer to North Carolina General Statute 55B-16)

APPLICATION FEE: \$50.00

1. Name of Foreign Corporation: (If unavailable, must satisfy NC Gen. Stat. § 55D-20 through § 55D-24)

2. Purpose for which corporation is organized and activities of the corporation (must comply with NC Gen. Stat. § 55B-14):

3. Name of the State under whose laws the corporation is incorporated:

4. Mailing Address of principal office:

5. Street address of principal office:

6. Telephone number of principle office: _____

7. Email address of principal office: _____

8. Facsimile number of principal office: _____

9. Website address of principle office:

10. Mailing Addresses of all offices in North Carolina:

11. Street addresses of all offices in North Carolina:

12. Telephone numbers of all offices in North Carolina: _____

13. E-mail addresses of all offices in North Carolina: _____

14. Facsimile numbers of all offices in North Carolina: _____

15. Website addresses of all office(s) in North Carolina: _____

16. Name, address, and State of licensure, Board of licensure, and license number (if applicable) of incorporator(s):

(1) Name and address _____

State and Board of Licensure _____

License No. _____

(2) Name and address _____

State and Board of Licensure _____

License No. _____

(3) Name and address _____

State and Board of Licensure _____

License No. _____

(4) Name and address _____

State and Board of Licensure _____

License No. _____

17. Name, address, and State and Board of Licensure and license number of shareholders(s) and number of shares owned by each shareholder. (If any shareholder is practicing psychology in NC, they MUST be licensed in NC). For all non-psychologist shareholders(who are limited to 49% ownership of the corporate stock in the aggregate), please list the person's name and address:

For psychologists shareholders:

Name	Address	# of shares	State and Board of licensure	License No.
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For non psychologists shareholders:

Name	Address	# of shares	Occupation
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18. Name, address and occupation of members of Board of Directors: (One MUST be licensed in NC). If licensed out of State, provide State and Board of licensure and license number.

Name	Address	Occupation	State and Board of Licensure	License No.
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19. Name and occupation of officers: (One MUST be licensed in NC). If licensed out of State, provide State and Board of licensure and license number.

Name	Address	Occupation	State and Board of Licensure	License No.
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20. Name, address, and license number of all PSYCHOLOGISTS to be employed by the corporation, or who are agents or officers of the corporation, who will provide psychological services to persons in North Carolina (all MUST be licensed in NC):

Name	Address	License No.
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21. Name, address, and duties of persons OTHER THAN PSYCHOLOGISTS employed, or to be employed, by the corporation, or who are agents or officers of the corporation, who will provide non psychological services to persons in North Carolina:

Name	Address	Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____

We attest, to be best of our knowledge and belief, that no disciplinary action is pending in any jurisdiction against any of the licensed incorporators, officers, directors, shareholders, or employees. The undersigned incorporators acknowledge that the foreign professional corporation is transacting business in North Carolina in compliance with Chapter 55B of the General Statutes of North Carolina, and that all business will be conducted in compliance with all applicable North Carolina general statutes and administrative rules of the North Carolina Psychology Board. We further specifically attest that this corporation is formed in compliance with N.C. Gen. Stat. § § 55B-14 and 55B-16.

Submitted by (incorporators): (all signatures from Item 16)

Type Name Signature

Type Name Signature

Type Name Signature

Type Name Signature

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

Notary Public
My commission expires _____

SEAL

REMEMBER TO SEND AN APPROVED COPY OF THE CERTIFICATE OF AUTHORITY TO THE BOARD'S OFFICE ONCE YOU HAVE RECEIVED IT FROM THE SECRETARY OF STATE'S OFFICE SO THAT THE BOARD CAN ISSUE A CERTIFICATE OF REGISTRATION.