

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 AUTHORITY FOR A
FOREIGN PROFESSIONAL LIMITED LIABILITY COMPANY***
(refer to N.C. General Statutes 57-D)

Note: Pursuant to G.S. § 57D-2-02, 57D-7-03, and 55B-16 of the General Statutes of North Carolina, the undersigned limited liability company hereby applies for a Certificate of Authority to transact business in the State of North Carolina as a “foreign professional limited liability company” within the scope of the N.C.G.S. Sections 57D-2-02 and 55B16-(b) and 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 may wish to consult N.C.G.S. § 57D-2-02 and Chapter 55B for further information.

APPLICATION FEE: \$50.00

NORTH CAROLINA

_____ 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 Number: _____

Email 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) _____ (2) _____

License No.: _____ License No.: _____

(3) _____ (4) _____

License No.: _____ License No.: _____

6. Name and license number of member(s):(ALL MUST BE LICENSED MENTAL HEALTH 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 MEMBER PSYCHOLOGISTS who are employed or to be employed by the company:

Name	Duties

We, to the best of our knowledge and belief, ATTEST 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. Chapter 57D and G.S Chapter 55B, and the administrative rules of the North Carolina Psychology Board.

Submitted by (organizers): (ALL FROM AREA # 5)

Type/Print Name	Signature
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Type/Print Name	Signature
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Type/Print Name	Signature
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Type/Print Name	Signature
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Signed before me this _____ day of _____, _____.

My commission expires _____

Notary Public

****REMEMBER TO SEND A COPY OF THE FILED ARTICLES OF ORGANIZATION (IT WILL HAVE THE SOS'S DATE STAMP ON TOP OF THE FORM) TO THE BOARD'S OFFICE ONCE YOU HAVE RECEIVED IT SO THAT THE PROCESS CAN BE FINALIZED WITH A NUMBER AND WALL CERTIFICATE.****