

**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 Chapter 57D of the N.C. General Statutes)**

Note: Pursuant to G.S. § 57D-2-02, 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 may wish to consult N.C.G.S. § 57D-2-02 and Chapter 55B of the North Carolina General Statutes 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.

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7. Name and occupation of manager(s): (ONE MUST BE LICENSED BY THE NC PSYCHOLOGY BOARD)  
Name Occupation

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8. Name and license number of PSYCHOLOGISTS to be employed by the company (*OTHER THAN MEMBERS*):  
Name License No.

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

Name Duties

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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 Chapter 57D and Chapter 55B of the NC General Statutes, and the administrative rules of the North Carolina Psychology Board.

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

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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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Type/Print Name Signature

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ My commission expires \_\_\_\_\_

Notary Public

Date

**\*\*REMEMBER TO SEND A COPY OF THE FILED ARTICLES OF ORGANIZATION (THAT WILL HAVE THE SECRETARY OF STATE'S (SOS) DATE STAMP ON TOP OF THE FORM) TO THE BOARD'S OFFICE ONCE YOU HAVE RECEIVED IT FROM THE SOS'S OFFICE.\*\***