

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

## **PROFESSIONAL LIMITED LIABILITY COMPANY PLLC APPLICATION AND INSTRUCTIONS**

Please note before you can form an entity with the NC Secretary of State you are required to apply with the NC Psychology Board. You will be required to submit the appropriate Application and Articles form (see below).

To form a Professional Limited Liability Company (PLLC) you will need to submit the following items to the Board office for processing:

- Application for Certification of Registration of PLLC
- Articles of Organization
- \$50 Application Fee

Once received and processed (generally within 2 weeks), Board staff will return to you the validated and sealed Articles form and a Certification of Application for you to forward to the NC Secretary of State along with their required fee. After the NC SOS has sent verification of approval you will need to send the Board a copy (via email will suffice). Board staff will then issue your certificate and registration number.

***PLEASE NOTE: A company organized for the rendition of professional psychological services is NOT validly operating if it has not received the Certification of Registration/registration number from the Board. This will only be issued once you have submitted the NC SOS approval to the Board.***

Feel free to contact Board Staff with any questions at [info@ncpsychologyboard.org](mailto:info@ncpsychologyboard.org).

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**\*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 of organizer(s): **(ALL MUST BE LICENSED PROFESSIONALS AND 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:

<b>Name</b>	<b>Duties</b>
_____	_____
_____	_____
_____	_____
_____	_____

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)

_____	_____
Type/Print Name	Signature

_____	_____
Type/Print Name	Signature

_____	_____
Type/Print Name	Signature

_____	_____
Type/Print Name	Signature