



MARYLAND Department of Health

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

Maryland Board of Professional Counselors and Therapists
 4201 Patterson Avenue, Suite 316 * Baltimore, Maryland 21215
 410-764-4732 * Fax: 410-358-1610 * www.health.maryland.gov/bopc

LICENSURE/CERTIFICATION REINSTATEMENT FORM

REINSTATEMENT FEE:
 Certification: \$350.00 License: \$501.00

FOR BOARD USE ONLY

Date application received _____
 Fee enclosed: Yes No
 Check/Money Order # _____

MAKE CHECK OR MONEY ORDER PAYABLE TO: The Board of Professional Counselors and Therapists.

***ATTACH COPIES OF REQUIRED CEUs:**

See COMAR 10.58.05.10 for CEU requirements

***LICENSED BEHAVIOR ANALYSTS ONLY: ATTACH COPY OF VALID BCBA OR BCBA-D CREDENTIAL (NO CEU'S REQUIRED).**

TYPE OR PRINT INFORMATION * MAIL FORM AND FEE TO THE BOARD * INCOMPLETE FORMS WILL BE RETURNED

License/Cert #		Social Security No.		Date of Birth:	
Last Name:		First:		Mi:	Maiden:
Home Address:	Street:	City:	County:	State:	Zip Code:
Mailing Address (If different than above)	Street:	City:	County:	State:	Zip Code:
Business Address:	Street:	City:	County:	State:	Zip Code:
Home Phone:		Work:	Cell:	Email:	
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander /Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other					
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Maryland In State Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No		Year of Graduation _____	
Are you currently licensed/certified in another profession? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate profession _____					
Employment Status: <input type="checkbox"/> Full-time (35 Hrs. or More) <input type="checkbox"/> Part-time <input type="checkbox"/> Inactive					
Primary Employer:	<input type="checkbox"/> Private or group practice <input type="checkbox"/> State or local government <input type="checkbox"/> Federal military <input type="checkbox"/> Federal non military <input type="checkbox"/> Educational setting <input type="checkbox"/> Business/industry <input type="checkbox"/> Other (specify) _____				
Places of Employment:	<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Clinic <input type="checkbox"/> Practitioner Office <input type="checkbox"/> Physician's Office <input type="checkbox"/> Rehab Agency <input type="checkbox"/> Visiting Nurse <input type="checkbox"/> College/University <input type="checkbox"/> Federal military <input type="checkbox"/> Federal nonmilitary <input type="checkbox"/> Other (specify) _____				
If inactive, describe reason:	<input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Career change <input type="checkbox"/> Other (specify) _____				
List other states or jurisdiction licensed:					
Previous residence since last renewal		Maryland <input type="checkbox"/>		Out of State <input type="checkbox"/>	

If seeking employment no. of weeks seeking employment _____

THIS SECTION MUST BE COMPLETED TO REINSTATE LICENSE/CERTIFICATION.

I hereby certify that I have earned the required Continuing Education Units.

Total hours of CEU's earned: _____

LICENSED BEHAVIOR ANALYST ONLY:

BCBA / BCBA-D EXPIRATION DATE: / /

Today's Date: / / - - - -

Signature: _____

ATTACH COPIES OF REQUIRED CONTINUING EDUCATION UNITS (CEU'S) WITH THIS FORM.

