

Maryland State Board of Professional Counselors and Therapists

4201 Patterson Avenue, Suite 316

Baltimore, Maryland 21215-2999 • (410) 764-4732

APPLICATION FOR RECOGNITION OF OUT-OF-STATE LICENSURE PURSUANT TO THE VETERANS AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (PL 117-333) CHECKLIST

INCLUDED REQUIRED DOCUMENTS	
<input type="checkbox"/>	Completed Notarized Application (front and back.)
<input type="checkbox"/>	Copy of military orders indicating military service in MD (or if application is for a spouse, provide the sponsor's military orders indicating the spouse's name, or in cases where military orders do not have the spouse's name listed, provide a copy of the marriage certificate with the military orders).
<input type="checkbox"/>	Certified Letter with the State Seal affixed from each state in which you hold a license, verifying that the license is in good standing.
<input type="checkbox"/>	Passport size photograph with required notarized affidavit. ***Please note guidelines include: 2x2 color photo with the head centered and sized between 1" and 1.4" taken in the last 2 years, use a clear image of your face. Do not use filters commonly used on social media, have someone else take your photo. (No selfies), and use a plain white or off-white background. Unacceptable photos will be returned and may delay the issuance of your certificate.
<input type="checkbox"/>	A separate sheet of paper for Character and Fitness Questions that required a written explanation to questions answered "YES" (if applicable)
<input type="checkbox"/>	Documentation of legal name change (i.e., marriage certificate, divorce decree, legal name change).

MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:
Maryland State Board of Professional Counselors and Therapists
4201 Patterson Avenue, Suite 316
Baltimore, Maryland 21215-2999
(410) 764-4732

APPLICATION FOR RECOGNITION OF OUT-OF-STATE LICENSURE PURSUANT TO THE VETERANS AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (PL 117-333)

COMPLETE THIS APPLICATION ONLY IF:

- (1)** YOU ARE A COUNSELOR/THERAPIST WHO IS PRESENTLY A SERVICEMEMBER OR A COUNSELOR/THERAPIST WHO HAS A SPOUSE WHO IS A SERVICE MEMBER;
- (2)** YOU HAVE A LICENSE IN A STATE OR STATES OTHER THAN MARYLAND THAT ARE IN GOOD STANDING AND THAT YOU HAVE ACTIVELY USED DURING THE 2 YEARS IMMEDIATELY PRECEDING YOUR MILITARY RELOCATION TO MARYLAND
- (3)** EITHER YOU OR YOUR SPOUSE ARE UNDER ORDERS TO PROVIDE MILITARY SERVICE IN MARYLAND, AND
- (4)** YOU OR YOUR SPOUSE SEEK RECOGNITION TO PRACTICE COUNSELING/THERAPY THAT IS EFFECTIVE ONLY DURING THE PENDENCY OF YOUR OR YOUR SPOUSE'S MILITARY SERVICE IN MARYLAND.

THERE IS NO FEE ASSOCIATED WITH THIS APPLICATION

IF YOU SEEK A MARYLAND LICENSE THAT DOES NOT EXPIRE WHEN YOUR OR YOUR SPOUSE'S MARYLAND MILITARY ORDERS EXPIRE, DO NOT COMPLETE THIS APPLICATION. INSTEAD, COMPLETE THE OUT-OF-STATE APPLICATION FOR LICENSURE. THERE IS A FEE ASSOCIATED WITH THOSE APPLICATIONS.

Please note the following:

"Service member" is defined as a member of the "uniformed services." "Uniformed services" means (a) the armed forces; (b) the commissioned corps of the National Oceanic and Atmospheric Administration; and (c) the commissioned corps of the Public Health Service. "Armed forces" is defined as "Army, Navy, Air Force, Marine Corps, Space Force, and Coast Guard."

"Spouse" is defined as "husband or wife, as the case may be."

"Reside in the State of Maryland" is defined as Maryland being the site of your or your spouse's duty station. "

Are you a:

Servicemember: Yes No **Spouse of a Service Member:** Yes No

SECTION I- INITIAL QUALIFICATIONS for SERVICE MEMBER (Servicemember spouses will answer in the next section) You must meet the following initial qualifications to obtain a Servicemember License Recognition. If you answer "No" to any of the questions in SECTION I – Initial Qualifications for SERVICE MEMBER you may not be considered for a Servicemember Licensure Recognition. Other requirements also apply.

Servicemembers only please answer the following questions.

YES NO

a. Are you presently a "service member" as defined on page 1?

YES NO

b. Do you "reside" (as that word is defined on page 1) in Maryland as a result of military orders?

YES NO

c. Are all licenses that you presently hold in other states in "good standing"?

YES NO

d. Have you actively used one or more licenses during the two years immediately preceding your relocation to Maryland?

SECTION II- INITIAL QUALIFICATIONS for SERVICE MEMBER SPOUSE

You must meet the following initial qualifications to obtain a Servicemember Spouse Licensure Recognition. If you answer "No" to any of the questions in SECTION II – Initial Qualifications FOR SERVICE MEMBER SPOUSE you may not be considered for a Service Member Spouse Licensure Recognition. Other requirements also apply.

Servicemembers spouses only please answer the following questions.

YES NO

a. Are you presently the spouse of a "service member" as those terms are defined on page 1?

YES NO

b. Do you or your spouse "reside" (as that word is defined on page 1) in Maryland as a result of your spouse's military orders?

YES NO

c. Are all licenses that you presently hold in other states in "good standing"?

YES NO

d. Have you actively used one or more licenses during the two years immediately preceding your relocation to Maryland?

YES NO

e. Are you recognized as a Counselor/therapist in any other state?

If Yes, please list the state and the License number

Stata	License Number	Expiration Date
State	License Number	Expiration Date

SECTION III – GENERAL INFORMATION

NAME:

Last First Middle Initial Maiden

HOME ADDRESS: _____

TELEPHONE NUMBER: _____

HOME (____) _____ WORK (____) _____ CELL (____) _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NO: _____ **BIRTHDATE:** _____

Gender Identification: _____ Female _____ Male _____ Other _____ Prefer not to answer

Race:

Are you of Hispanic or Latino Origin? ____ Yes ____ No ____ Prefer not to answer

(Please circle all applicable; for statistical purposes only)

1 – White 2 – Black or African American 3 – American Indian or Alaska Native 4 – Asian 5 – Native Hawaiian or other Pacific Islander 6 – Other

SECTION IV - CHARACTER AND FITNESS – TO BE ANSWERED BY SERVICEMEMBERS AND THEIR SPOUSES

If you answer "YES" to any question(s) in Section IV – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

YES NO

a) Has any state licensing or disciplinary board ever taken disciplinary action against your license or certification, included but not limited to charges, admonishment, reprimand suspension or revocation? If yes, attach a separate page with a complete explanation of each occurrence (include date, time location, disposition, etc.) and a copy of the disciplinary/court document from the issuing agency, if applicable.

b) Have you pled guilty, nolo contendere or been convicted of, received probation before judgment or had a conviction set aside for any criminal act in any state, territory or jurisdiction (excluding minor traffic violations)? If yes, attach a separate page with a complete explanation of each occurrence (include date, time, location, disposition, etc.) and a certified copy of the disciplinary/court document from the issuing agency.

Please note that if you do not answer this question or fail to disclose and provide the requested information your application will be administratively closed without further review. You will be required to submit a new application and pay the required fee. In addition, you may be required to appear before the Board regarding your failure to provide the required information.

- c) Are you currently on parole, probation or under any court ordered supervision in any state, territory or jurisdiction related to a criminal conviction? If so you must submit official documentation indicating the terms and conditions, start and end dates, compliance and/or completion of the parole, probation or court ordered supervision with your application.**

Please note that the Board, at its discretion, may determine that your application cannot proceed if you do not answer this question, fail to disclose and provide the requested information or you have not successfully completed parole, probation or other court ordered supervision.

RELEASE AND CERTIFICATION:

Practice of Counseling/Therapy without a current recognition of out-of-state license issued by the Maryland State Board of Professional Counselors and Therapists is a violation of the Maryland Health Occupations Act. I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.

I agree that the Maryland State Board of Professional Counselors and Therapists (the Board) may request any information necessary to process my application for Recognition of Out-of-State Licensure Pursuant to the Veterans Auto and Education Improvement Act of 2022 (PL 117-333) from any person or agency, including but not limited to postgraduate program directors, individual supervisors, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my practice as a dentist in the State of Maryland, including the subpoena of documents or records. During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations Article, § 4-315.

Notice for Mailing List:

The information collected on this application form is collected for the purposes of the Board's functions under the Annotated Code of Maryland, Health Occupations Article, Title 17. Failure to provide the information may result in the denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, Annotated Code of Maryland, General Provisions Article, §4-333, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

Signature

Date

NOTARY SECTION

State of _____, County of _____, then personally appeared the above named _____, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: _____ My Commission Expires: _____

SEAL

*Please provide (1) 2x2 color photo with the head centered and sized between 1” and 1.4”

PICTURE

This is a true self photo taken in the last 2 years application. to reflect my current appearance. In addition, the photograph is in accordance with the p

photograph requirements contained in an initial dental radiation technologist certificate