

North Carolina Board of Employee Assistance Professionals

P.O. Box 10344
Raleigh, North Carolina 27605-0344

LICENSURE APPLICATION

Confidentiality Note:

The information submitted in this application is intended solely for use by the North Carolina Board of Employee Assistance Professionals but is a matter of public record. N.C.G.S. 90-500

Applicant:

Last Name

First Name

MI

Business Address:

Company Name

Street (Not P.O. Box)

City

State

Zip

Business Phone: (____) _____

Fax: (____) _____

E-mail: _____

Home Address:

City

State

Zip

Home Phone: (____) _____

Fax: (____) _____

Education Post High School

University	Location	Dates Attended	Graduation Date	Degree	Major

Employment History

Employer	Address	Job Title	Date Employed

Certifications and Licenses

Please list all other state licenses or certifications you currently hold and the name and address of the agency or board that issues the license or certification.

Please answer the following questions. If you answer yes to any of these questions, please explain in detail on a separate attached sheet.

1. Are you currently engaged in the illegal use of a controlled substance?
Yes_____ No_____
2. In the past seven (7) years have you been convicted of a violation of/or pled nolo contendere to any federal, state, or local statute, regulation, or ordinance or entered into any plea bargain for violations, except for minor traffic violation(s)?
Yes_____ No_____
3. If you have ever applied for or held a license or certificate to provide Employee Assistance Program Services in any state, country, or province, was it or has it ever been denied, reprimanded, suspended, restricted or revoked or otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?
Yes_____ No_____
4. Have you ever had a license or certificate to practice in a health care profession revoked, suspended, curtailed, restricted, or limited? Yes_____ No_____
5. Have you been otherwise disciplined or asked to voluntarily surrender a license or certificate under threat of restriction or disciplinary action?
Yes_____ No_____
6. Within the past seven (7) years have you been unable to provide Employee Assistance Program services due to a physical or emotional illness or the use of alcohol and/or drugs?
Yes_____ No_____
7. Have you ever been rejected, censured or disciplined by a professional association?
Yes_____ No_____
8. In relationship to the performance of your professional services in any profession:
 - a) Have you ever had a final judgment rendered against you; or
Yes_____ No_____
 - b) Have you ever had settlement of any legal action rendered against you; or
Yes_____ No_____
 - c) Are there any legal actions pending against you individually or to which you are a party?
Yes_____ No_____

Certification

I have read, understand, and agree to comply with the Employee Assistance Certification Commission's Code of Professional Conduct and the Employee Assistance Professionals Association's Code of Ethics.

I certify the information given is correct and complete to the best of my knowledge.

Signature of Applicant _____ Date _____

Notary Public

Seal:

My commission expires: _____

Applicant must submit the following:

1. Copy of current National EACC Certification;
2. Employment Resume;
3. ***Application fee of \$100.00.*** This is a non refundable fee.
Please make check or money order payable to:

**N.C. Board of Employee Assistance Professionals
P.O. Box 10344
Raleigh, NC 27605-0344**