

PROFESSIONAL PSYCHOLOGICAL FIRM ANNUAL REPORT

Minnesota Statutes section 319B provides that every professional firm shall file an annual report on or before January 1st of each year with the board that has jurisdiction over the professional service the firm is authorized to render.

Filing fee is \$100 for the first report and \$25 for subsequent reports.

Name of Professional Firm:		(Specify complete name filed with the Minnesota Secretary of State)
Mailing Address:		
Actual Business ID #:	Telephone Number: ()	

LIST THE NAME, ADDRESS, AND LICENSE NUMBER OF EACH POSITION WITHIN THE FIRM THAT HAS GOVERNANCE AUTHORITY OR OWNERSHIP INTEREST. (Attach sheet if additional information is to be provided).

1. SHAREHOLDER:

NAME	ADDRESS	MN LICENSE #

2. DIRECTOR:

NAME	ADDRESS	MN LICENSE #

3. OFFICER:

NAME	ADDRESS	MN LICENSE #

4. OWNER OF AN OWNERSHIP INTEREST:

NAME	ADDRESS	MN LICENSE #

5. ANY OTHER POSITION(S) OF GOVERNANCE AUTHORITY WITHIN THE FIRM:

NAME	ADDRESS	MN LICENSE #

6. Was the firm's *Certificate of Authority, Statement of Qualifications*, or other organizational documents amended during the reporting period shown on the front? YES NO If **YES**, attach an amended copy.

STATE OF _____
 COUNTY OF _____

I hereby swear (or affirm) that the foregoing statements are true and correct to the best of my knowledge. I also swear (or affirm) that all owners, and persons occupying a position with governance authority, employees, agents, and independent contractors rendering professional services within Minnesota on behalf of the professional firm are professionals authorized or licensed by this state or are otherwise authorized to render such professional service.

 Signature of Applicant

 Title

 Minnesota License Number

Subscribed and sworn to before me this _____ day of _____, 20_____.

 Notary Public

My commission Expires the _____ day of _____, 20_____.