MINNESOTA
BOARD OF BEHAVIORAL
HEALTH AND THERAPY

335 Randolph Avenue, Suite 290
Saint Paul, MN 55102
651-201-2756 | 651-797-1374 (fax)
bbht.board@state.mn.us
https://mn.gov/boards/behavioral-health/

Professional Firm Initial Application and Report (LPC/LPCC)

MINNESOTA STATUTES Ch. 319B MN Statutes STATES THAT NO PROFESSIONAL FIRM MAY FURNISH PROFESSIONAL SERVICES WITHIN MINNESOTA UNTIL THE FIRM FILES THE FOLLOWING INFORMATION WITH EACH BOARD HAVING JURISDICTION OVER THE PERTINENT PROFESSIONAL SERVICES. THIS FORM SERVES AS YOUR FIRST ANNUAL REPORT.

- ☐ Complete and notarize form.
- ☐ Attach firm's Organizational Document(s)*, Certificate of Authority, or Statement of Foreign Qualifications.
- ☐ Enclose $100.00 filing fee. Mail fee and form to the Board office. All fees are nonrefundable.

Make check or money order payable to: Minnesota Board of Behavioral Health and Therapy or BBHT

Note: An annual report must be filed on or before January 1st of each year. The Board will email a reminder in December of each year.

SPECIFY COMPLETE NAME AND NUMBER FILED WITH THE MINNESOTA SECRETARY OF STATE

Name of Professional Firm: _____

File Number: _____

Mailing Address: _____

_____

Phone Number: _____

Email Address: _____

List the name, address, and license information for each person in ownership interest within the firm. (Attach additional sheets if necessary)

Ownership Interest

Name	Address	License Type	License #

For Board Use:

Check#: _____
Amount:_____
Date: _____

Staff Initials:_____

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List the name, address, and license information for each person in governance authority within the firm. (Attach additional sheets if necessary)

Governance Authority

Name	Address	License Type	License #

I affirm I am an owner or employee of the professional firm licensed in at least one of the categories of professional services and am authorized to make statements on behalf of the firm. I hereby affirm that the statements on the firm are true and correct to the best of my knowledge. I also affirm that all the shareholders, directors, officers, employees, and agents rendering professional services in this state on behalf of the firm are licensed by this state or otherwise authorized to render at least one category of the professional services provided by the firm.

Signature and Title of Applicant: _____ Date: _____

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

(Notary Stamp) Notary Public Signature: _____

*Organizational Document(s) means:

-For a corporation organized under Ch. 302A MN Statutes or Ch. 317A MN Statutes, the corporation's articles of incorporation.

-For a limited liability company organized under Ch. 322C MN Statutes, the company's articles or organization.

or

-For a Limited Liability Partnership that has an effective statement of qualification under MN Stat Section Sec. 323A.1001 MN Statutes, that statement of qualification.