**BEHAVIORAL HEALTH AND THERAPY (LPC/LPCC) PROFESSIONAL FIRM**

**FIRST ORGANIZATIONAL DOCUMENT AND REPORT**

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**INFORMATION AND INSTRUCTIONS**

Minnesota Statutes section 319B 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. Filing fee is $100 for the first annual report. This form serves as your first annual report.

Note: An annual report must be filed on or before January 1st of each year.

Complete the following steps for the first annual report:

- **COMPLETE AND NOTARIZE THE FORM.**
- **ATTACH DOCUMENTS:** Please attach a copy of the firm’s 1) Certificate of Authority, 2) Statement of Foreign Qualifications, or other organizational documents.
- **ENCLOSE FILING FEE:** $100 for first annual report. Make check payable to “MN Board of Behavioral Health and Therapy” or “BBHT.” Return the fee and registration form to the board office.

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**STEP 1:** Complete the following information:

- **Name of Professional Firm (Specify complete name filed with the Minnesota Secretary of State):**

- **Mailing Address (street, city, state, zip code):**

- **Contact Email Address:**

- **Telephone Number:**

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**STEP 2:** List the name, address, and Minnesota Licensed Professional Counselor (LPC) or Licensed Professional Clinical Counselor (LPCC) license number for each person in the following positions within the firm with governance authority. (Attach additional sheets if necessary.)

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<tr>
<th>DIRECTOR(S):</th>
<th>NAME</th>
<th>ADDRESS</th>
<th>LICENSE #</th>
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<th>PERSON WITH AN OWNERSHIP INTEREST:</th>
<th>NAME</th>
<th>ADDRESS</th>
<th>LICENSE #</th>
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ANY OTHER POSITION(S) OF GOVERNANCE AUTHORITY WITHIN THE FIRM:

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<th>NAME</th>
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<th>TITLE</th>
<th>LICENSE #</th>
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STEP 3: Complete, sign and notarize certification.

STATE OF __________________________

COUNTY OF ________________________

I affirm that I am an owner or employee of the professional firm, who is licensed to practice professional counseling or professional clinical counseling in the State of Minnesota. I hereby affirm that the foregoing statements are true and correct to the best of my knowledge. I also affirm that all shareholders, directors, officers, employees, and agents rendering professional services in this state on behalf of the corporation 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

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

____________________________________________
Notary Public

My Commission Expires the _____ day of ________________, 20____.