

If you choose to use this Professional Disclosure Statement form, please complete the top portion of this form, print it out, and submit it to your supervisor for his/her signature. Submit the completed form to the Michigan Board of Counseling PO Box 30670 Lansing MI 48909.

## **PROFESSIONAL DISCLOSURE STATEMENT**

### **LIMITED PROFESSIONAL COUNSELOR**

Full Name

Business Address

City State Zip Code

Telephone Number

### **DESCRIPTION OF EDUCATION AND EXPERIENCE**

### **DESCRIPTION OF YOUR PRACTICE**

### **FEE**

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In the event that you would like to file a complaint regarding services, send written complaints to the following location:

Michigan Department of Licensing and Regulatory Affairs  
Enforcement Division  
Allegations Section  
PO Box 30670  
Lansing MI 48909  
(517) 373-9196

I agree to supervise \_\_\_\_\_  
for the required post-degree counseling experience.

Licensed Professional Counseling ID/License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_