

**NORTH CAROLINA SOCIAL WORK CERTIFICATION & LICENSURE BOARD**

PO Box 1043  
Asheboro, NC 27204

Phone: 336-625-1679

Fax: 336-625-4246

Website: [www.ncswboard.gov](http://www.ncswboard.gov)

E-mail: [dteague@ncswboard.gov](mailto:dteague@ncswboard.gov)

**APPLICATION FOR CERTIFICATE OF REGISTRATION FOR  
PROFESSIONAL CORPORATION**

**INSTRUCTIONS – USE THIS APPLICATION TO FORM A NEW PROFESSIONAL CORPORATION**

- Complete and return this form to the NC Social Work Licensure & Certification Board at the above address.
- Attach 1 COPY of the proposed Articles of Incorporation.
- The application fee is \$50.00. The check should be made payable to the NC Social Work Licensure & Certification Board (NCSWCLB).
- Incomplete applications will be returned.

**I. Name & Address of Corporation**

1. Proposed Company Name \_\_\_\_\_
2. Purpose of Corporation \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. Street Address \_\_\_\_\_
5. Telephone \_\_\_\_\_
6. E-Mail \_\_\_\_\_

**II. Proposed Owners of Stock (attach separate sheets if necessary). *Non-Licensed employees may not own stock in the corporation.***

Name	Address	Profession	License #	% Shares Owned

**III. Names of Proposed Directors** *(attach a separate sheet if necessary)*

Name	Address	Profession	License #

**IV. Names of Proposed Corporate Officers**

Name	Address	Profession	License #

**V. Names of Proposed Professional Employees**

Name	Address	Profession	License #

**VI. Contact Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_

We attest that we have read the relevant laws and Board rules and, to the best of our knowledge and belief, that no disciplinary action is pending against any of the incorporators, officers, directors, shareholders or employees. The undersigned incorporators acknowledge that the professional corporation is being organized under the provisions of Chapter 55B of the North Carolina General Statutes, and that the corporation will be conducted in compliance with Professional Corporation Act and the rules of the Board.

Incorporator \_\_\_\_\_ Incorporator \_\_\_\_\_

Incorporator \_\_\_\_\_

**NORTH CAROLINA**

\_\_\_\_\_ COUNTY

I HEREBY CERTIFY THAT \_\_\_\_\_, \_\_\_\_\_,  
and \_\_\_\_\_ being the incorporators of \_\_\_\_\_  
personally appeared before me this day and stated that they have read the foregoing and that the statements  
contained therein are true.

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

**SEAL**