

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

E-mail: 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. A certified check, money order, or cashier's check should be made payable to the NC Social Work Licensure & Certification Board (NCSWCLB) and submitted within six months of issuance.
- 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