

## **Arkansas Department of Health**

## Social Work Licensing Board

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Governor Sarah Huckabee Sanders Renee Mallory, RN, BSN, Secretary of Health Kristen Allen, Director

## Application for Registration as a Professional Corporation Composed of Licensed Social Workers

	Having read the Arkansa	as Social Work Licensing Act found a	t Arkansas Code Annota	ted §17-103-101 et seq., and			
The	e Arkansas Professional Co	rporation Act §4-29-201, I,		, as an officer,			
dire	ector or shareholder of the firm	m named below, hereby apply for re	gistration for the following	g corporation for the practice			
of s	social work in the state of Arka	ansas under the rules and regulations	prescribed and adopted	by your Board and make the			
foll	owing declarations in connect	tion with this application.					
1.	Name of Firm:						
2.	Physical Address:	(Street)	(City, State)	(Zip Code)			
•	<b>NA</b> ::: A 1.1	,	(5.17, 5.11.15)	(— )			
3.	Mailing Address:	(Street or P.O. Box)	(City, State)	(Zip Code)			
4.	Telephone Numbers:						
٦.	releptione realibers.	(Business)	(Fax)				
5.	State of Incorporation: Date of Incorporation:						
	Number of shares authorized by class: Number of shares issued on this date of application:						
	Name of chief executive	officer:	Arkansas Licens	Arkansas License Number:			
6.	The Arkansas Professional Corporation Act requires all of the officers, directors and shareholders of the professional corporation to hold a valid Arkansas license to practice social work.						
	The following is a complete list of officers, directors and shareholders holding Arkansas licenses in good standing. (If space is insufficient, use an additional sheet of paper.)						
	<u>Name</u>	Officer, Director or Sharehol (Indicate one)	der Number of Shares	Arkansas <u>License No.</u>			

7.	The following is a complete list of offices of this firm in Arkansas and the name of the resident manager in char of each office:							
	or ear	Office Address		Resident Manager	Arkansas <u>License No.</u>			
8.	I hereby certify that:							
	A. Each officer, director and shareholder is a social standing.			cial worker licensed in the state of Arkansas and is in good				
	B.	Each officer, director a work and no other per		oyed or actively engaged in the practice of social ation.				
<ul> <li>C. The sole purpose and business of this corporation is to furnish to the puthe Social Work Licensing Act or the Regulations of the Board.</li> <li>D. I <u>SUBMIT</u>, herewith, a copy of the Articles of Incorporation that have be State in Arkansas or the state where this firm is currently registered.</li> </ul>					blic services not inconsistent with			
	E. All the foregoing statements are true and correct, and I have not omitted or suppressed any i that might have a bearing on this application.							
9.	LICE	I am enclosing a cashier's check or money order in the amount of \$1.00, payable to the SOCIAL WORK LICENSING BOARD, for registration as a professional corporation for the current year. I understand that the \$1 fee is non-refundable.						
Date			Signature of General Partner		Arkansas License No.			
State of			County of					
well k	nown to		king this application and v	personally appearedwho, after being duly sworn, o				
My commission expires:		on expires: Date	e Signature of No		lotary Public			
	Notar	y Seal						
11/20	23			Board Approval	Date			